STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state D. Every item of inforof OECUPA-Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECOR stated EXACTLY. properly classified. See instructions on back of certificate. OCCUPATION AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. MOTHER | FATHER | TION is very important. B.—WRITE PLAI

FOR BINDING

ARGIN RESERVED

1. PLACE OF	DEATH			(2)		
County	Frede	rick,		Registration Dist. No. 139		
Village or City_	State	Sanator	rium, Md.	NoSt.,	Ward	
Length of residence	ce in city or town where	death occurrad		I death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm		
2. FULL NAME	. John	P. Alle	ЭУ	If U. S. Veteran, specify WAR		
(a) Residence:	No. Wate	rbury, (Usual place	Annea:ru of abode)	indal, Coward. Maryland. If nonresident give city or town and	I State	
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
. sex 4.	COLOR OR RACE	5. SINGLE, MAR OR DIVORCEI Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July (Month) (Dev)	, 193 6	
a. If merried, widowed, HUSBANO of	or divorced					
(or) WIFE of	-6-20			22. I HEREBY CERTIFY, That I ettended May 26 ,1936 ,to July 3		
. DATE OF BIRTH (mor	nth, dey, and year)	Dec. 8	1914	I last sew h im alive on July 3 1936	, 19 D. .; death is said	
. AGE Years	Months	Oays	If LESS then I day,hrs.	to heve occurred on the date steted above, at 1.20A.m.M.		
21	6	25	ormin.	The PRINCIPAL CAUSE OF DEATH end reletad causes of Importenca were es follows:	Oate of onset	
9. Industry or busi work wes do SAW MILL, E	dona, as SPINNER, OKKEEPER, atc iness in which ina, as SILK MILL, BANK, etc ast worked at	OZE sper	ima (yeers) nt in this 3Xrs		1932	
2. BIRTHPLACE (city or (State or country)		Washing D.C.	ton,	Other Coutributory Causes of Importanca:	-	
13. NAME	Cecil D	Alley				
14. BIRTHPLACE (cit (State or cou		entucky		Neme of oparationnonePosSputumPete of	eutonsy?	
15. MAIOEN NAME	Louise	Pullian		23. If deeth was due to extarnal ceuses (VIOLENCE) fill in also the following		
16. BIRTHPLACE (cit		ashingto D.C.	on	Accident, suicide, or homicide? Oata of Injury Where did injury occur?	, 19	
7. INFORMANT (Address)	Deceased	on admi	ission	(Specify city or town, county and Sta Specify whather injury occurrad in INOUSTRY, In HOME, or In PUBLIC PL	ACE.	
8. BURIAL, CREMATION Plece Washi	or REMOVAL	C pate Un	cnown 19	Manner of injury		
	W.W.Chamb		Waghi ngto	24. Was disease or injury in any way releted to occupation of decaesed?	10	
0. FILED	16. 19		De.C.	(Signed) Carl Shen (Address) Sake Sanayon	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis AUG 6 1936	1915	Attack of epilepsy	1 week ago	
Unitable Thirtsiiiai neimitie	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
		4 8		

V. S. No. 1

1. PLACE	OF DEATH				23	
County	E	rederi	ck,		Registration Dist. No. 139	9
Village Di	r CityS		anator	(If	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. It of toraign birth?yrs.	Ward number) mos. ds.
2. FULL N	AME Wa	lter H	I. Barr		If U. S. Veteran, specify WAR	
					eryt, Co Ward. Maryland. If nonresident give city or town as	nd State
PERSO	NAL AND S	TATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 5a. If marriad, wid	4. COLOR OR Whit		s. single, mar or divorce Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 22 (Month) (Day)	, 1936 (Yaar)
HUSBAND of		Alma	Barre	tt	22. I HEREBY CERTIFY, Thet lattende May 26 ,19 36, to July 3	
7. AGE	H (month, day, and Yaars	Months 11	Days 4	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 2.10 A.M. The PRINCIPAL CAUSE OF DEATH end related causes of Importanca wera as follows:	
Work SAW	of work done, as SI ER, BDOKKEEPER, or business in whice was done, as SILK MILL, BANK, atc eased last worked a ecupation (month a)	th MILL,	11. Total t	ima (years) nt in thin 7Yrs.	Pulmonary Tuberculosis Other Contributory Causes of Importance:	Jan 1933
12. BIRTHPLACE (Stata or o		Ma	aryland		Tuberculous Laryngitis	
13. NAME	I	Clbert	G. Bar	rett	Tubercultus Epididimitis	
13. NAME Elbert G. Barrett 14. BIRTHPLACE (city or town) (Stata or country) Maryland					Neme of operation none Pos-Sputum Date of What test confirmed diagrams was there as	
15. MAIDEN NAME Mary Kramer 16. BIRTHPLACE (city or town) (Steta or country) Maryland					23. If death wes due to axternal causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Signature of the following suits of the following	, 19
(Addrass)	Walt Sil	ver Spi	ring. h	rd .	Specity whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC f	PLACE.
18. BURIAL, CREM	MATION, OR REMOV	Montgo	mery C	0.	Manner of Injury	
19. UNDERTAKER (Address)	Hump	hreys	14.6	OWn, 19	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signad) Alexand S. Shaffer	
/				Registrar.	(Address) Lake Lana Wilum	ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes, of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 6 1836	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1836	1921	Run over by street car	1 week ago
Cerebral hemorrhage PUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

=	
ó	
Z	
'n	
>	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 732	24
1. PLACE OF DEATH	- (45E) 13/	
County Trederick	Registration Dist. No.	
Village or City Shookstore	No. St., V If death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
n C/	osds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Jenning, Bis	No. 8 Veteran, specify WAR No Ne.	
(a) Residence: No. (Usual place of abode) in a shape	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Termal Nick	21. DATE OF DEATH July 29, 193 6 (Mooth) (Ddy) (Yea	r)
Sa. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Thalden M. Dises	22. OI HEREBY CERTIFY, That i attended deceased	
6. DATE OF BIRTH (month, day, and year) ape 22-1867	I last saw h alive on On 27, 1936; death is	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 120 Pe.m.	
69 3 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	2244
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	2	711301
SAWYER, BDOKKEEPER, etc.	Carcinome of down	1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1	
	7/4	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. Total time (years) 3 spent in this 3 occupation (month and year) 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Dither Contributary Causes of Importance:	
(State or country)	Melatins & Lungs. 6 1	7.
13. NAME Jachareas Thomas		
14. BIRTHPLACE (city or town) Rocking Spring	Name of operation	
(State of country)	What test confirmed diagnosis? Class - Was there an autopsy?	N
15. MAIDEN NAME Townse Town 16. BIRTHPLACE (city or town) (State or country) Many Mail Market Control Many Market Control Many Market Control Many Market Control Marke	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19_	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.	
17. INFORMANI (Address) 18. BURIAL, CHEMATION, OR REMOVAL 18. BURIAL, CHEMATION, OR REMOVAL 19. DELL'ARTICLE AND A STATEMENT AND A STATEME	Manner of injury	
Place Date Date 19	Nature of Injury	
19. UNDERTAKER G. E. Glisle Afra (Address) Frederick Med	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 30 (uly, 1936 Menuly, Registrar,	(Signed) A. Austra Trans	, M. D
	7. 2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car		
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITION AL CDACE EOD DUDTHED CTATEMENTS DV DUVSKIAN
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1325
1. PLACE OF DEATH	940) /27
County Frederick .	Registration Dist, No. / C
Village or City New Your down Me	No. St. Ward
Q (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurradyrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME / Meline / Slack	
(a) Residence: No. New Itinspace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR, OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	0 4
(or) WIFE of Enima Blade	22. I HEREBY CERTIFY, That I attended deceased from
Md cal	1906, to 2019 1900, 1900
6. DATE OF BIRTH (month, day, and yaar)	I hast saw h lie alive on hely 1, 19.36; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated above, et 7:10 p.m.
57 9 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
Trade, profassion, or perticular kind of work done, es SPINNER,	arlesis Allesons. 1934;
SAWYER, BOOKKEEPER, etc.	Chrones Thyresordeles 1934.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cugue Alebore 1936 -
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yaars) this occupation (month and	1
othis occupetion (month and spent in this occupation occupation)	
68 C. 10 C	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Kenten Black	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What tast confirmed diagnosis Autoral
15. MAIDEN NAME Unite Bell. 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOL ENCE) fill in eiso the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Data of injury, 19
(State or country) Mary land.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Emma Black. (Addrass P.O. # 3 New Yunden Md.	Spacify whether Injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL_CREMATION OF REMOVAL	Mennar of injury
Pleased. Olive Conty Date feely 19, 10%.	Neture of injury
10 Magree La M. Dutt	24. Was disease or injury in any way ralated to occupation of deceased? 24.
19. UNDERTAKER 19. / Hills (Addrass) Went will mil	If so, specify
M/19 31 01/10 00 0	(Signed) as 1 7 1 + M.D.
20. FILED 1. 1926 21. 20. 1114 f 132 67.72. Registrar.	(Address) Martial suds ~ My
The many black are maded address to the Barrier	N Chalassan Bair Barrett N C N

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FIFE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Jo PHYSICIANS RECE PERMANENT G certificate. properly back may pluods on that instructions carefully d important. DEATH be plnods very OF SE mation TION

BINDING

RESERVED

ARGIN

1. PLACE OF DEATH Frederick. Registration Dist. No. 139 County Village or City State Sanatorium, Md. No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) mas 20 ds. How long in U.S. if of foralgn birth? vrs. mos. ds. Length of rasidanca in city or town where death occurred vrs If U. S. Veteran, specify WAR Witcomi 2. FILL NAME Norman E. Bozman Ward. Salisbury, Md.
If nonresident give city or town and State 413 Washington, St. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) 193 6 White Male Single 5a. If marriad, widowad, or divorced HUSBAND of 1 HEREBY CERTIFY. That I attended daceasad from (or) WIFE of 1936 to July June July 12 1901 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causas of importance 2 35 0 or min Date of coset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, Electrician SAWYER, BOOKKEEPER, etc. Pulmonary Tuberculosis Dec. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc...... 1.935. TO Data decaased last worked at 11. Total tima (vaars) this occupation (month and i spent in this 15Yrs Other Contributory Causes of importance 12. BIRTHPLACE (city or town). Maryland (Stata or country) FATHER 13 NAME Rufus Bozman 14. BIRTHPLACE (city or town). Pos Sputulifo Marvland . (State or country) X-Ray.... Was there an autopsy?... OTHER 15 MAIDEN NAME Mary Bozman 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Marvland: (State or country) (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Deceased on admission 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL COMICO. CO. Manner of Injury Placa Salisbury, Md. Date Unknown 19 Natura of injury 24. Was disaasa or injury in any way related to occupation of decaasad? __ 10 M.L. Creager 19. UNDERTAKER _____ (Address) Thurmonte Md If so, specify ... 20. FILED. Registrar. (Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	+- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1905 •	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	The Market ar	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	dia	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S	IAIE	OF MAK	YLAND-	CERTIFICATE	OF DEATH	1
1. PLACE	OF DEAT	Н	within the O	Otherwise Number	110		121
County_	Freder	ick	Maraus dans			Registration Dist.	No. / 🗸 📗
Village or City Frederick (No.					No. Frederick death occurred in a horpital or institu		
Length of	f residence in cit	y or town where	death occurred	yrs,mos	ds. How long in U.S. if	of foreign birth?	.yrsds.
2. FULL	NAME_C	arroll	Robert I	lugene. Br	ashear & U. & Veleran	specify WARNo	me
(a) Res	sidence: No	ha se	(Usual place	abode) fred	St., Ward.	Jear Jeffer If nonresident give ci	son Md.
PERS	ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	CERTIFICATE OF	DEATH
Male		or RACE		RIED, WIDOWED, (write the word) Le	21. DATE OF DEATH	July (Month)	19th, 1936 (Day) (Yeer)
5a. If married, w HUSBAND (or) WIFE	of	ced			22. I HEREB	Y CERTIFY, II	het I ettended deceesed from
6. DATE OF BIR	PTH (month day	and waar)	July 4.	L935	I last saw h 1m alive on	July 018	deeth Is said : ر
7. AGE	Yeers	Months	Days	If LESS than	to have occurred on the data stat	ted ebove, at 7:15A	
	1	0	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEA were as follows:	TH end related causes of in	mportance Date of onset
Z 8. Trada, p	profession, or pa d of work done, a VYER, BODKKEE	rticular	~ 1		Bruchofon	umia	7/8/3
SAW					Varalytic.	illers	7/16/31
9. Industry	y or business In k was dona, as S V MILL, BANK, e	which ILK MILL,	ne		Emplyaçue		7/11/31
10. Data de this	eceased last work coccupetion (mon	ked et	11. Total ti	me (years) t in this			
12. BIRTHPLAC		Mary]		pation	Out Weed		7/17/3
			Brashear	0.50			
E			prasmeal	· S	~		
Y 14. BIRTHP	LACE (city or to ate or country)	wn)Mary	land		Neme of operation	~	Was there as autonov?
E 15. MAIDEN	N NAME VI				23. If deeth was due to external ca		
E					Accident, suicide, or homicide?		
₹ (Sta	16. BIRTHPLACE (city or town) Maryland (State or country) Maryland				Where did Injury occur?		
(Address	s) Magn	Teffere	Brashes		Specify whether injury occurred	(Specify city or town, In INDUSTRY, In HOME, o	r in PUBLIC PLACE.
18. BURIAL, CRE	EMATION, DR R	EMDVAL M	E. Cemet	cery.	Menner of Injury		
Place	Jerrer	son, Mo	La_Dateslll	7 28, 19 36	Nature of injury		
	ER M. R	Etchi	son & S	on	24. Wes diseese or injury in eny	way releted to occupation o	of deceesed? ZCO
(Address	s) Fred	erick	Md.		If so, specify	En topo	1. 4
20. FILED 2.0.	July , 1	19.36.W	A John !	Mully Registrar.	(Signed) (Address)	efferon	mg M. D
			/ 1	ACCESSORE.	(11001030)		

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requisite U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAINLY

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FOUNT	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1936	July5,1927	Peritonitis	3 days ago
	PUREAU V. S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones Me			Gastroenteritis	1 year

of OCCUPA.

Exact statement

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

2. FULL NAME Catherine Elizabeth Brown. If U. S. Veteran, specify WAR (a) Residence: No. Foxville. St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown. 6. DATE OF BIRTH (month, day, and yaar) Sept. I8th. 1853 7. AGE Years Months Days If LESS then I day, hrs. or min. 1 day, hrs. or min. Nere occurred on the date stated above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
Langth of rasidanca in city or town whare death occurred 50 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. 2. FULL NAME Catherine Elizabeth Brown If U.S. Veteran, specify WAR (a) Residence: No. FOXVIIIe St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Female White Widowed 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown 6. DATE OF BIRTH (month, day, and yaar) Sept. 18th. 1853 7. AGE Years Months Days If LESS then I day, hrs. or min. 1 last saw h alive on the date stated above, and months are follows: The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	39
Langth of rasidanca in city or town whare death occurred 50 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. 2. FULL NAME Catherine Elizabeth Brown If U.S. Veteran, specify WAR (a) Residence: No. Foxville St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Female White Widowed 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown 6. DATE OF BIRTH (month, day, and yaar) Sept. 18th. 1853 7. AGE Years Months Days If LESS then 1 day, hrs. or min. 1 last saw h alive on the date stated above, and marriade causes of importance ware as follows: The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Ward
(a) Residence: No. FOXVILLE. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female White St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH OR DIVORCED (write tha word) Female White Widowed Sa. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown. 6. DATE OF BIRTH (month, day, and yaar) Sept. I8th. 1853 7. AGE Years Months Days If LESS then I day, hrs. or min. 1 he PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	and number)mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown. 6. DATE OF BIRTH (month, day, and yaar) Sept. I8th. 1853 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I attend a power of the date stated above, at a power of the principal causes of importance ware as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	and Sate
Female White Widowed Widowed (Month) (Day) 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown. 6. DATE OF BIRTH (month, day, and yaar) Sept. I8th. I853 7. AGE Years Months Days If LESS then I day, hrs. or min. 82 TO 9 The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Hezekiah T. Brown. 6. DATE OF BIRTH (month, day, and year) Sept. I8th. I853 7. AGE Years Months Days If LESS then I day, hrs. or min. 82 10 9 The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	1936 ₉₃
7. AGE Years Months Days If LESS then 1 day,hrs. ormin. to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
The state of the s	
kind of work done, as SPINNER, Housework • SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL. Own home	Date of one of
spont in this	
12. BIRTHPLACE (city or town) Middletown. (State or country) Md Dyfrmites of an	1930
13. NAME Samson Kennea	
Date of Operation Date of Oper	
15. MAIDEN NAME Charlotte Routzahn 23. II death was due to externel ceuses (VIOL ENCE) fill in also the follo Accidant, suicide, or homicide? Date of injury	
Where did (njury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Addrass) Tantza Pao MD	State)
Moriani of injury	
Natura of injury 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont. Md. (Address) Thurmont. Md.	no.
120. Fixed lily 28., 1936 Chico & Stricted (Signed) Quest Gray (Address) The form of the Market of the Control	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	#	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ·	1 year

FION is very important.

ould	County		Frede	rick,
should of OCC	Village or	City	State	Sana
0 /	Length of re	sidence in city	or town where	daath occurr
V L	. FULL N	AME	Ro	land I
KYSICIANS statement	(a) Reside	ence: No	27	13 Bo
Exact 3.3	PERSO	NAL AND	STATIS	TICAL P
7. X	Male		or race	5. SINGLI OR DI
EXACTLY. PHYSICIANS rly classified. Exact statement ate.	If married, wide HUSBAND of (or) WIFE of			Ola
E & E	DATE OF BIRTH	(month, day,	and year)	Feb
Ted To	AGE Y	ears	Months	Da
stated E properly certificate		38	5	
be of ION	SAWYE 9. Industry or work w	ession, or pari work done, as R, BOOKKEEPI business in v as done, as SII ILL, BANK, etc	SPINNER, ER, etc which LK MILL.	Auto
supplied. AGE should in terms, so that it may See instructions on back	10. Date decea		ed at	35.
y supplied. AGE shain terms, so that it See instructions on FATHER ROCC	BIRTHPLACE ((State or co		V	i r gin
plie rms nst;	13. NAME	Jan	les S.	
y supplied. See instruct FATHER		5.00	n)	irgin

		STA	ATE OI	F MAR	YLAND-	CERTIFICATE OF DEATH	7329
1. F	PLACE OF	DEATH				23	
/	County	F	rederi	ok,		Registration Dist. No. 139	
	Length of resid	ence in city of	town where das	ith occurred	yrs,Omos	No. St., death occurred in a hospital or institution, give its NAME instead of street and 13_ds. How long in U.S. if of foreign birth?m	Ward number)
	(a) Residence			Boone (Usual place	Brown. St. of abode)	St. Ward. Baltimore, Maryland If nonresident give city or town and	State
	PERSON	AL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	ale	4. COLOR O		or divorce Marr	RIED, WIDOWED. D (write the word) 100	21. DATE OF DEATH July 20 (Month) (Day)	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ola Brown.					own.	22. I HEREBY CERTIFY, That I attended NOV. 7 19 35 to July 20	decaased from
6. DAT	E OF BIRTH (r	nonth, day, and	d year)	Feb. 1	6 1898	Hast saw h. im alive on July 20 ,19 36	
7. AGE	Year:		Months 5	Days	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 730P.anM. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
Auto. Mechanic SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (manth and year) 11. Totel time (years) spent in this occupation 1935					ime (years)	Pulmonary Tuberculosis S. Other Contributory Causes of Importance:	May 1935
12. BIRTHPLACE (city or town) Virginia						Tuberculous Meningitis	
置 13.	. NAME	Jame	s S. E	rown.		- Land and a series and a serie	
11	BIRTHPLACE (State or c		Vìr	ginia		Name of operation_NONGPos-Sput-unate of	uitoney? D O
15. MAIDEN NAME Catherine Walker 16. BIRTHPLACE (city or town) (Stets or country) Virginia					er	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	:
17. INFORMANT Roland H. Brown (Address) Baltimore, Md.					n	(Specify city or town, county and Stat Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gloucester, Va. Date Unknown, 19						Menner of injury	
	19. UNDERTAKER M. L. Creager (Address) Thurmont, Mol					24. Was disease or injury in any way related to occupation of deceased?	no
4				1	Registrar.	(Address) State Sanatorium Md	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IDECEIVE	D 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	6 July 5, 1927	Perilonitis .	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County ... Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs._____ds. statement PHYSICIAN (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Mooth) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1862 - 11 7. AGE If LESS than Months Davs to have occurred on the date stated above. I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or perticuler OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... may 10. Date deceased last worked at this occupation (month and II. Total time (years) spent in this that occupation ___ 12. BIRTHPLACE (city or town) (State or country) I3. NAME FAT 14. BIRTHPLACE (city or town) plain (State or country)

(Year)

Date of graet

(Day)

har Contributory Causes of Importance:	24
me of operation. None. Date of	
me or operation	Les

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____

Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury.

Cocal Registrar.

if so, specify

(Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4

carefully

pe

plnods

=

OF DEATH

CAUSE mation

LION

MOTHER

important

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory requires of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related sauses of importance were as follows:	Date of Onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1018	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jan 1927	Peritonitis	3 days ago
	- 34	8/	
Other contributory causes of importance:	`	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA.	/
IS A PI	stated I	properly	certificat
HIS	be	pe	Jo
UNFADING INK-TH	supplied. AGE should	terms, so that it may	e instructions on back
-WRITE PLAINLY, WITH	nation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE 0	F DEATH			23	
County	Fred	erick,		Registration Dist. No. 139	
Village or C			rium, Md. 1 yrs 11 mos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and meaning the stree	Ward
2. FULL NA			Campbell		
	nce: No. 1531			St., Ward. Baltimore, Maryland If nonresident give city or town and	•
PERSON	NAL AND STATIS	STICAL PART		MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORC Wid	RRIED, WIDOWED, ED (write the word) OW	21. DATE OF DEATH July 30 (Month) (Day)	, 193 6 (Yaar)
5a. If marriad, wido HUSBAND of (or) WIFE of		Unknown		22. I HEREBY CERTIFY, That I attended of Aug. 21 19 34, to July 30	
6. DATE OF BIRTH	(month, day, and year)	Jan. 25	1895	liast saw h. er elive on July 29 1936	
7. AGE Ya	Months 6	Days 5	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 Ag.M. The PRINCIPAL CAUSE OF DEATH and releted causas of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (mooth and year) - APP 11 1984 occupation OYTS.				Pulmonary Tuberculosis	0et. 1933
12. BIRTHPLACE (c	ity or town)B	altimore aryland.),	Other Contributory Causes of importance: Diabetes Mellitus,	
□ 13. NAME	Fletcher			Fatal Pulmonary Hemorrhage	
(State o	E (city or town)	Maryland		Name of operation DONE POS Spu Parifilm Whet test confirmed diagnosis? Chost - X-Rey Was there an a	utopsy?no
15. MAIDEN NAME Mary Waters 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT (Address) Charlotte T. Campbell (Address) Baltimore, Md.				23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:
18. BURIAL, CREMA	tion, or REMOVAL			Menner of injury	
19. UNOERTAKER (Addrass)	M.L.Cre Thurmon	aget /	Resistrat	24. Was disaasa or injury in any way related to occupation of dacaased? If so, spacify (Signed) Olwart Shaffer (Address Hale A ama to be	no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish' carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		★	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7332
1. PLACE OF DEATH	
County Trederick	Registration Dist. No. 138
Village or City Fountain Mulls	No. St., Ward
(If Length of residence In city or town where deeth occurredmrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Un named Con	Page
(a) Residence: No. Formalain mulli	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWOODCRD (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I pittended deceased from
6. DATE OF BIRTH (month, day, end yeer) 26-7- P936	I last saw h alive on jeath is said
7. AGE Years Months Days If LESs then 1 day,	to have occurred on the date stated above, at
0 0 or 0 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	PARADI
9. Industry or business in which	Mengature Cultoon
work was done, es SILK MILL, SAW MILL, BANK, etc.	Jufan
Sport in this	
year) occupation	Other Coutributory Causes of importance:
12, BIRTHPLACE (city or town) The delication (State or gountry)	
14. BIRTUPLACE (city or town) Danias ensy	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Was there en au opsy?
16. BIRTHPLACE (city or town) Near Atmosphere	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Mean Ketry bloggy	Accident, suicide, or homicide? Date of injury, 19
(State or country) / Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) New Warks May	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Fountain Milla Date July 26, 1936	Manner of injury
WE of old	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER A Tallet market Md	If so, specify
20. FILED July 26, 1936 Lucian K Falconer Registrar.	(Signed) Cruet of Karp M.D. (Address) New Warket Jug.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ena	mple 1	EUI	Example II	
The principal cause of death of importance were as follow	and related causes s: AUG 4 190	34	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU V	. 5 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1 B

MARIANI MEDENAED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Ever	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

-	DEATH	7333

1. PLACE OF DEATH						
County Frederick				Registration Dist. No. 197	1	
	City Mt • A		(1	NoSt., If deeth occurred in a horpital or institution, give its NAME instead of street and isds. How long In U.S. if of foralgn birth?yrsm	Ward	
2. FULL NA	ME Charles	Granvil	le Davis		vv	
	nce: No			St., Ward. If nonresident give city or town and	State	
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word) Wer	21. DATE OF DEATH July 9, 1936 (Month) (Day)	, 193(Year)	
5e. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Laura A.			22. I HEREBY CERTIFY, That I attanded May 23, 19 33 to July 9,		
6. DATE OF BIRTH	(month, day, and year)	ct. 14,	1848	1 im Tular 0 1036	: deeth is said	
7. AGE Ya	87 Months	Days 25	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 10:15 mPM	, deeth is said	
8 Trade, profe kind of SAWYER	assion, or particuler work done, as SPINNER, t, BOOKKEEPER, etc	Farmer		Hypertrophied Prostate Chr. Interstitial Nephritis	Data of onset	
	business in which is done, es SILK MILL, LL, BANK, etc			Chr. Myocarditis Arterio Sclerosis	?	
- 1113 0000	sed last worked at upation (month and 1916	11. Totel tir	me (years) t in this 4.7	Arterio Scierosis		
12. BIRTHPLACE (c (Stata or cou		ovia		Other Contributory Couses of Importance: Chr. Uremia	1933	
13. NAME	Eli Davis					
13. NAME 14. BIRTHPLACE (State of	(city or town)	ick Co.	Md.	Neme of operation none Data of		
15. MAIDEN NA			212 -	What test confirmed diagnosis?		
15. MAIDEN NA 16. BIRTHPLACE (Stete of	(city or town)	rick C.	, Md.	23. If death wes due to axternel causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?		
17. INFORMANT(Addrass)	Charles M. I Washington			(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE,	
18. BURIAL, CREMAT			12, 1930	Menner of Injury		
	J.B.Beall, I Damascus,	nc.		24. Was disaase or injury in any way related to occupation of daceesad?1 If so, specify		
20. FILED Jack	7 8 , 1936 arch	lay PM	lescent Registrar.	(Signed) Shully Frabil	My.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a Arterioselerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nen		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1850	July 5, 1927	Peritonitis	3 days ago
a a	EUREAU V. S.			
Other contributory	anses of importance:	100	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

7	13	03	.0
6	. 5	3	4
	9	0	. K

1. PLACE OF DEATH	150
County Frederick'	Registration Dist. No. / 4/0
Village or City Mess Michael Village or City Mess Michael Village or City Or Jown where death occurred Vis	No. St., Wal (If death occurred in a horpital or institution, give its NAME instead of street and number) 105. ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Infant Schure (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1936, to 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Days If LESS than 1 day, 2 h or min.	I lest saw h alive on 1936; deeth is sa to have occurred on the date stated above, at 3, 41 / m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Tremeturity
12. BIRTHPLACE (city or town) (State er country) 13. NAME of My Electron Telephone 14. NAME of My Electron Telephone 15. NAME of My Electron Telephone 16. NAME of My Electron Telephone 17. NAME of My Electron Telephone 18. NAME of My Electron Telephone 19. NAME of My Electron Telephone	Other Cantributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Porcky Bidge Date July 20, 19.3	Manner of injury
19. UNDERTAKER Prival & altangle (Address) 2 Noods boro 12/40.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED July 19, 19 3 65. 6. Frence Registrar.	(Signed) (Address) DEDWY M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state of OCCUPA. item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement properly classified. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

/1	. PLACE OI	DEATH			23	
County Frederick,					Registration Dist. No. 139	
		ty State S		m. Md.		Ward
		denca in city or town whare d		(ii	No. St., death occurred in a hospital or institution, give its NAME instead of street and a least state. How long in U.S. if of foreign birth?	umber) sds.
2	. FULL NA				If U. S. Veteran, specify WAR	
p. Accord	(a) Residen	e: No. Norris	Ville, (Usual place o	Harford,	Co., Ward. Maryland . If nonresident give city or town and	State
	PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Female	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Marr	(write the word)	21. DATE OF DEATH July (Month) (Day)	, 193 <u>36</u>
5a.	If married, widow HUSBAND of (or) WIFE of		d W. Ell	iott	22. I HEREBY CERTIFY, That I attended a April 29 19 36 to July 11	
6.]	DATE OF BIRTH (month, day, end yeer)	Unkno	wn 1897	I last sew her aliva on July 11 136	; death is said
7.	AGE Yaa		Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at \$30A and \$70. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Oate dacaasad last worked et this occupetion (month and year) 11. Total tima (years) spent in this 7YYY sp				na (yaars)		0ct. 1935
	(State or coun	try)	Penna.			
HER	13. NAME	John Ada	ams.			
FATHER	14. BIRTHPLACE (State or	(city or town)country)	Marylar	ıd.•	Name of operation_Nonepos-SputumDete of What tast confirmed dia Ginest_X-Ray Wes there an a	utopsy?.110.
1ER	15. MAIDEN NA	ME Mary F	ord.		23. If daath was dua to external causes (VIOLENCE) fill in also the following	
MOT	15. MAIDEN NAME Mary Ford. 16. BIRTHPLACE (city or town) (State or country) Penna.				Accident, suicide, or homicide? Dete of Injury Whera did injury occur?	
17.	INFORMANT (Address)	Decease	d on adm	ission	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE,
18.		nknown	Dete Unk	nown 19	Mannar of injury	
19. UNOERTAKER M. L. Creager (Address) Thurmont Md.					24. Was disease or Injury In any way related to occupetion of deceased? D	0
20.	FILED	, 19	hlanks are peeded	Registrar.	(Addrass) San 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- I	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5,1927	Peritonitis ,	3 days ago
	BUREAU V. S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A-te r-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state OCCUPA.	1. PLACE OF DEATH	(57.6)
	County Frederick Country Conerges	wey Hoof. Registration Dist. No. 2
item of should of OCC	Village or City Montance	Now Frederick, Ml St., War
W 0		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosd
Every CIANS ement	2. FULL NAME Harry Stanley Cher	lu O. J.
COKD. Ever. PHYSICIAN ct statement	(a) Residence: No. R. F. D. H. Int. any	Ward. Ward.
St H	(Usual place of abode)	M nopresident give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E. E.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DORCED (write the word)	21. DATE OF DEATH
FL EN	5a. If married, widowed, or divorced	(Month) (Day) (Year)
ANEN A C T I ssifted	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased fro
KM. X A	0.4	psly 12 , 19 36, 10 July 13 , 19 3.
PEI PEI ate.	7. AGE Years Months Days If LESS than	I hist saw h/1371 alive on 1936; deeth is sa
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, Days.	to have occurred on the dete steted above, at 1222m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
IS star	8. Trede, profession, or particular	were es follows:
be be	kind of work done, es SPINNER, her SAWYER, BOOKKEEPER, etc.	Emal-itel.
K—TH ould may back	9. Industry or business in which work was done, as SILK MILL.	fal dock D poly
	SAW MILL, BANK, etc	1900 ghalus 12
S E E E	this occupetion (month and spent in this occupetion occupetion	
		Other Coutributory Causes of importance:
ADII d s, so ructi	12. BIRTHPLACE (city or town) (State or country)	
UNFA Supplied n terms, ee instru	II 13. NAME albert Lawson Cherly	
	13. NAME (Clear Lawy) Cresly 14. BIRTHPLACE (city or town) Montgomery Co.	Name of operation
E E E	(State of Country)	What test confirmed diegnosis? Was there en eulopsy?
Carefull I'H in plortant.	15. MAIDEN NAME Waryerer Unn dayman	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
INLY, WI be careful EATH in p	15. MAIDEN NAME Margaret and Layman 16. BIRTHPLACE (city or town) Montgamery Ca. (Stete or country)	Accident, suicide, or homicide?, 19,
Id be car DEATH	(Stele of county)	Where did injury occur? (Specify city or town, county and State)
ADDV	(Address) Fred Cot Coney Hast.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA should OF DJ	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Monterno Detel Suly, 126	Neture of injury
-WRITE PI mation shou CAUSE OF TION is ver	19. UNDERTAKEM & P. Sliper Sufex	24. Was disease or injury In any way related to occupation of deceased?
	(Address) Federal Mal	If so, specify
B. B.	20. FILED / S- July 1936 - Amloudy	(Signed)
z (T)	Registrar.	(Address) Tolker of May
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Y	Example I	11	Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributes of its	
	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Date of onset

OCCUPA-

Jo

statement PHYSICIAN

Exact

properly

may back

so that

in plain

OF DEATH

CAUSE

LOIL

FATHER

RECOKD.

FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

ounty	Frederick,	Registration Dist. No. 139	
illage or City	State Sanatorium, Md No. (If death occurred	st	Ward
	(If death occurred	d in a hospital or institution, give its NAME instead of street and nu	ımber)
ength of residence in city	or town where deeth occurredyrs,&mos8ds.	How long in U.S. if of foreign birth?yrsmos	sds.

2. FULL NAME Leo A. Ewing. If U. S. Veteran, specify WAR____

1935 Maisel, St. Ward.Baltimore, Maryland. (Usual place of abode) If nonresident give city or town and State

(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) White Male farried 5a. If married, widowed, or divorced HUSBANO of Grace Ewing (or) WIFE of

March 22 1888 6. DATE OF BIRTH (month, day, end year) 7. AGE Months If LESS than Days 1 day, hrs. 24 48 or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Painter

Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at

12. BIRTHPLACE (city or town).

this occupation (month and year)

11. Total time (years)
spent in this 5Yrs

(State or country) Maryland Charles C. Ewing 13. NAME

14. BIRTHPLACE (city or town) (State or country) Marvland.

Ellen Larkin 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) ___ Brooklyn. (State or country) New York

Leo A. Ewing (Address) Baltimore. 18. BURIAL, CREMATION, OR REMOVAL

Place Balto, Md. Dete Unknown

M.L. Creager 19. UNDERTAKER _____

Thurmant Md

Registrar.

Menner of injury

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

I HEREBY CERTIFY. That I attended deceased from 19.36.to July

to heve occurred on the date steted above, at 5.30A mM. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance

Pulmonary Tuberculosis

Other Contributory Causes of Importance:

Pos-Sput-uffete of

23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?______Oate of injury_____19____

Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,

Nature of injury 24. Was disease or injury in any way releted to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

ARGIN RESERVED efully be plnods

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10 8 0	
		C. de D.	u
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	8

V. S. No. 1

1. PLACE OF DEATH County FireCounty Part County Part	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7338
Langth of rasidence in city town where death observed. Langth of rasidence in city town where death observed. Langth of rasidence in city town where death observed. 2. FULL NAME (a) Residence: No. (bund place of abody. (Chund place of abody		(210:m) 12
Langth of rasidence in citry town where death ordered 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No. (I) Residence: No	County trecence within the Dorpor	Registration Dist. No.
Langth of rasidence in city of town where death oldered by 15. mos. 2.6s. Now long in U. S. if of lareign birth? yrs. mos. 6s. 2. FULL NAME (a) Residence: No. Character of the Control of the Contro		
(a) Residence: No. (Charlese of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR BYONCEO Courrie the word) Sa. If married, widowed, or diversed HUSSAND of ((a) Will of ((b) Will of ((c))		
Cheal place of Abode Control C	2. FULL NAME & orraine En les	HULS Vetgran, specify WAR NONE
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVOKED Cowife the world) 53. If married, widowed, or divorced HUSBAND of HER E BY CERTIEY. That 1 attynded deceased from 19.3 C., 10. 19. 19.3 C., 10. 19.3 C		The state of the s
Sa. If married, widowed, as diversed HUSBAND (Nonth) (Dey) (Year) Sa. If married, widowed, as diversed HUSBAND (Nonth) (Dey) (Year) Sa. If married, widowed, as diversed HUSBAND (Nonth) (Dey) (Year) Sa. If married, widowed, as diversed HUSBAND (Nonth) (Dey) (Year) Sa. If married, widowed, as diversed HUSBAND (Nonth) (Dey) (Year) Sa. Trade, profession, or particular kind of work done, as SPINNER, Solicite REF, etc. S. Trade, profession, or particular kind of work done, as SPINNER, Solicite REF, etc. S. Industry or business in which (L. Sank) (L.	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND OF COT WIFE CAT DATE AND AND STATE OF BIRTH (month, bas, and year) 6. DATE OF BIRTH (month, bas, and year) 7. AGE Years Months Oays 11 tyts aw h	Justice White OR DIVORCED (write the word)	guly 10, 1936
6. DATE OF BIRTH (month, by, and year) 7. AGE Years Months Oays If LESS than Iday	HUSBAND of	(12.0. 8
8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOURSEPER, etc. 9. Industry or business in which sand state of the ceases of the ceases of the state of the ceases	6. DATE OF BIRTH (month, day, and year) Quy. 3 01928	0 0 11= 5 = 1
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. SAWYER, BOKKEPER, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) Spent in this occupation (month and year) Spent in this occupation (month and year) (Slate or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. INFORMANT 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURNAL, DEMARYSH, OR REMOVAL Place 19. UNDERTAKER 19. JUNDERTAKER 19. JUND		
8. Trade, profession, or particular in the did work doe, as SPINER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BRKH, etc. 10. Date deceased last worked at the specific occupation with this occupation (month and) with the specific occupation with this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANI Country 18. BURTHPLACE (city or town) (State or country) 19. UNDERTAKER OF SEMANUL Place (Laborate of Injury And State) (Specify city or town, county and State) (Sp		ware as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, DEMATION, OR REMOVAL Place (Address) 19. UNDERTAKER 19. UNDERTAKER 20. FILED 10. Other Coatributory Causes of Importance: Other Coatributo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	Cours. Frating Sky 00 9.0
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, DEMATION, OR REMOVAL Place (Address) 19. UNDERTAKER 19. UNDERTAKER 20. FILED 10. Other Coatributory Causes of Importance: Other Coatributo	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The start of the s
12. BIRTHPLACE (city or town) (State or country) Will 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? A CLA Call Date of injury test. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, DEMATON, OR REMOVAL Place (Address) 19. UNDERTAKER O JAUSTON Date July 1, 1936 20. FILED O July 1, 1830 20. FILED O July 1, 1830 Manner of injury 24. Was disease or injury in any way related to occupation of decessed? (Signed) Manner of injury (Signed) Manner of injury Manner of	- I spell ill fills	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 0 19. UNDERTAKER 0 19. UNDERTAKER 0 19. UNDERTAKER 1	12. BIRTHPLACE (city or town)	Other Coatributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? A. C. L. G. & & Date of injury of L. S., 19 3 4 Where did injury occur? De Louis (Specify city or town, county and State) Specify whether injury occurrad in INOUSTRY in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Manner of injury occurrad in injury occurrad i		
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? A. C. L. C. E.	= 13. NAME James JE Cupter	10
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. BIRTHPLACE (City or town) (Specify city or town, country and State) Specify whether injury occurrad in INOUSTRY in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Address) Mass there as autopsyle 22. Was there as autopsyle 22. Where did injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 11. so, specify (Signed) (Address) M. O. (Address) M. O. (Address) M. O. (Address) M. O. (Address)	44. BIRTHPLACE (city or town)	
17. INFORMANT Compt. Removal 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER O Children (Address) 19. UNDERTAKER O Children (Address) 20. FILED O Fully 1930 Office of the company o		
17. INFORMANT Compt. Removal 18. BURIAL, EPEMATION OR REMOVAL 19. UNDERTAKER O FALLS Survey (Address) 19. UNDERTAKER O FALLS Survey (Address) 20. FILED O Fully 1930 Office of the Compton of the C	I IS PURTURAL PROPERTY AND	1.6 3/
17. INFORMANT CAME (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, DEMATION OR REMOVAL Place (Manual Company) 19. UNDERTAKER (D. J. 1936) (Address) 18. Or experimental Company (Specify city or town, county and State) Manner of injury (Manual Company) 24. Was disease or injury in any way related to occupation of deceased? 18. Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE. Nature of injury (Manual Company) 19. UNDERTAKER (D. J. 1936) 19. UNDERTAKER (D. J. 1936) (Address) 19. UNDERTAKER (D. J. 1936) (Address) 19. UNDERTAKER (D. J. 1936) (Address) (Address) M. O. Registrar. (Address) M. O. Registrar.	(State or country)	
18. BURIAL, DEMATION OF REMOVAL Place Constant Date July /2, 1936 19. UNDERTAKER O FALLS STORM (Address) 24. Was disease or injury in any way related to occupation of deceased? 18. So, specify (Signed) (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) M. O. (Address) M. O. (Address)	17 INFORMANT James R Finder	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Combination Date July 12, 1936 Nature of injury Combination of deceased? 22 19. UNDERTAKER O FALLS STORM (Address) 20. FILED O Fully 1930. December 1930 M. O. Registrar. (Address) Nature of injury in any way related to occupation of deceased? 220 It so, specify (Signed) (Address) M. O. (Address) M. O.	(Address) Letack and	State Thehway
20. FILED O Fully, 1930. De Sur Curdy (Signed) (Address) It so, specify (Address) It so, specify (Address) M. O. (Address) It so specify (Address) M. O.		1
20. FILED D'- July, 1930. De Jan. Curdy (Signed) El Thomas M. O. Registrar. (Address) Breederect und		
20. FILED (Address) I rederect und	W Q 1 2 9 9 0 0 0 0 0 0	(D D)
	Registrar.	(Address) In rederect und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	93-2
County Frederick	Registration Dist. No. 177
Village or City Near Thurmont 45	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Martha Ellen Eyler (a) Residence: No. Thurmont. (outsid	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Married)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward S. Eyler.	22. HEREBY CERTIFY. That I attended deceased from 1936, to 1936
6. DATE OF BIRTH (month, day, and yeer) No. v. 15th 1863 7. AGE Years Months Days If LESS 72 7 26 Iday,	S than to have occurred on the date stated ebove, at
kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end A) 3 7 34 11. Total time (years) spent in this	Chranic artinius chions. 1933
12. BIRTHPLACE (city or town) Near Thurmont (State or country) MD	Other Contributory Causes of importance:
13. NAME Daniel Wilhide. 14. BIRTHPLACE (city or town) Thurmont. (State or country) Md	Name of operation Dete of What test confirmed diagnosis? Successful Was there en autopsy?
15. MAIDEN NAME Susan Wollard. Thurmont.	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Thurmont. U.B.Com. July 13	19_36 Manner of injury
19. UNDERTAKER M. L. Creager & Son (Address) Thurmont. MD. 20. FILEDANLY 12. 1936 Grane M. Jane	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) M. D. Beredy M. D. Beredy
Reg	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S.		22/20/1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH should Registration Dist. No jo (If death occurred in a hospital or institution, give its NAME instead of street and number) mos: How long In U.S. if of foreign birth? PHYSICIANS statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CORTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT (Day) (Year) classified. 5e. If married, widowed, or divorced HUSBAND of at I attended deceases is (or) WIFE of 6. DATE OF BIRTH (month, day, and y certificate. properly Days Yeers Month If LESS then occurred on the dete steted 7. AGE to 1 day, hrs. RINCIPAL CAUSE OF DEATH releted uses of importence D or min. Date of onset 8. Trede, profession, or perticular UPATION THIS kind of work done, as SPINNER, be Jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which pluods work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10 Dete deceased last worked at 11. Total time (years) on spent in this 2 this occupation (month end that occupetion ___ year) instructions 12. BIRTHPLACE (city or town (Stete or country) FATHER Name of operation. 14. BIRTHPLACE (city or town ain (State or country) Whet test confirmed diagnosis?_____ Was there an autopsy?. be carefully d MOTHER very important. 15. MAIDEN NAMEZ 23. If death was due to external causes (VIOLENCE) fill In also the following: iF Accident, suicide, or homicide?______ Date of Injury_____, 19. OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMAN 18. BURIA Menner of injury -WRITE AUSE mation LION Neture of injury ... 24. Was diseese or injury in may occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registra (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Equipment and the control property of the control prop			
Other contributory causes of importance:		Other contributory causes of importance:	1825
Gallstones	May 1,1923	Gastroenteritis	1 year
			11/4-

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

STATE	OF	MARYI	AND-CERTIFICATE OF DEAT	ΓI
JIAIL			CENTILICATE OF DEAT	4 8

7341

1. PLACE	OF DEAT	ГН				3		OT.
County	F	rederic	ek,				on Dist. No. 139	9
			eath occurred	(If		tal or institution, give its NA in U.S. if of foreign birth?		
2. FULL N	AME	Henry (. Fleis	cher	If IL S	Veteran, specify WAR_		
			ttowa, /			d. Baltimore		d •
PERSO	NAL AN	D STATISTI	CAL PARTI	CULARS	MED	ICAL CERTIFICA	TE OF DEATH	
3. SEX Male	Wh	r or race		RIED, WIDOWED, O (write the word) CIEd	21. DATE OF D	EATH July (Month)	<u>]</u> (Day)	, 19 <u>\$</u> 6 (Year)
5a. If merried, wid HUSBANO of (or) WIFE of	f		en Fleis	cher		REBY CERTI 24 , 1936 , to		
8 Trade pr	Years 49	Months 8	0ays 10	If LESS than 1 day,hrs.	I last saw h 1 m a to have occurred on th	olive on July e date stated above, at 4. E OF DEATH and related c	1 ,1936 27P.M.	
9. Industry work SAW	of work done, a ER, BOOKKEE or business in was done, es S MILL, BANK, e eased lest work coupation (mones.	which ILK MILL, Itc	11. Total ti	Foreman) me (years) nt in this 36Yrs		y Tuber c ulc	nsis	June 1934
12. BIRTHPLACE (State or o			Maryland		Other Contributory Ca	uses of importence:	103	
13. NAME	1	William	Fleisch	ner			, , , , , , , , , , , , , , , , , , ,	
(State	ACE (city or to or country)	wn)	Maryland	1.	Name of operation What test confirmed di	none r	os Sputtuli	autopsy? 10
	ACE (city or too e or country)	1	Brandel Maryland on admi		Accident, suicide, or he Where did injury occu	external causes (VIOL ENCE omicide? r?(Specify city occurred in INDUSTRY, in	Date of injury	, 19
18. BURIAL, CREA	ATION, OR R		Date_Unki	1.0 W.1 ,19	Manner of Injury Nature of injury			
19. UNOERT AKER (Address) 20. FILED	130	L.Creal Thur	ger Mont, Mo	Registrar.	24. Was disease or inju If so, specify (Signed) (Address)	ry in any way related to oc Paul (Sheu Sheu Sanayor	M. 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 7	July 5,1927	Peritonitis	3 days ago
ANG B 100 S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AUG 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

ż

1. PLACE OF DEATH	210-m
County Frederick with the Corporate limite,	Registration Dist. No. 13
Village or City Frederick	Frederials City Hognital
	No. FIEUGITOR OLD Y 1103DICAL, Ward
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lowell Clarkson Freeman	
(a) Residence: No. 819 Bucannan St. N. W. (Usual place of abode)	St., Ward. Washington, D. C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	July 4th., 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Λ (Δ	July 4, 1936, to fully 4, 1936
6. DATE OF BIRTH (month, day, and year) Tune 1, 1909	I lest saw have alive on Judy 19.3 4; death is said
7. AGE Years Months Days If LESS than 1 day,hr:	to heve occurred on the date steted above, at
/ or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of onset
S. Trade, profession, or perticular kind of work done, es SPINNER, Fileing Clerk SAWYER, BDOKKEEPER, etc	7 /
kind of work done, es SPINNER, FILDING CLOPK SAWYER, BDOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, U.S. GOV. Office SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and work).	Pholine Cernent Vertibion fal
S. Industry or business in which work wes done, es SILK MILL, U.S. GOV. Office SAW MILL, BANK, etc.	(C) / / / / / / / / / / / / / / / / / / /
10. Date deceased lest worked at this occupation (month end ry /36 spentin this ry	vached cust.
this occupation (month end 7/36 spent in this 7 occupation 7	
12. BIRTHPLACE (city or town) Preston Co. (State or country) W. Va.	Other Contributory Causes of Importance:
5 13. NAME Joseph E. Freeman	
E	Name of operation 2000 Date of
4 14. BIRTHPLACE (city or town) (Stete or country)	
	What test confirmed diegnosis?
T Out the state of	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (Stete or country)	
	(Specify city or town county and State)
17. INFORMANT Orville H. Freeman (Address) 819 Bucannan St. N.W. Wash.	Specify whether injury occurred in NDUSTRY, in HDME or in PUBLIC PLACE. D.C. State Koad Kaule U.S. 240
18. BURIAL, CREMATION, OR REMOVAL De Coate July 7, 1931	Manner of injury ante accident
19. UNDERTAKER M. R. Etchison & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick Md.	If so, specify
20. FILED Y July , 18 6 Aff M. Clercy Registrar.	(Signed) M. D. (Address) Deglereli Web.
If more blanks are needed, address State Registro	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

14. 12 1 13

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 5 1988	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SURFA!! V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7474	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 7344
County Frederick	Registration Dist. No. 144
Village or City	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	2. J. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. J. Shurnal (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 5 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Man A P M O C	22. A I HEREBY CERTIFY, That I attended deceased from
musspall a Jaugh	July 19 19360, to July 25 , 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above. R. 11m.
8/ 1/ 24 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	a) testinal of smetion July 19
work wes done, as SILK MILL, Housework	die la Concinua et 1936
O 10. Date deceased last worked at this occupation (months and year)	Primary Cascinornal of the sigmoid-colon,
year) occupation	Other Contributory Causes of Importance: Quantion about six months.
12. BIRTHPLACE (city or town) Maryland (State or country) Maryland	Cut4Q
13. NAME William Lidie 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation. Nove Date of
(State of country)	What test confirmed diagnosis? even Was there an au'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. State of country 17. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASS Multige Standaugh	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
UB Cometery Showing 10 28, 1936	Nature of injury
19. UNDERTAKER Willington Bruger (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 28, 1936 anna M. Jones. Registrar.	(Signed) M. D. (Ardress) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or amplication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause in the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ogr	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	/
5 U	VENT RECOR	TLY. PHY	fied. Exact s		
MARGIN RESERVED FOR BINDING	IS A PERMAN	stated EXAC	properly classif	ertificate.	
ESERVED	INK-THIS	E should be	t it may be 1	on back of c	
MARGIN RI	UNFADING	supplied. AG	n terms, so tha	TION is very important. See instructions on back of certificate.	
•	MINLY, WITH	be carefully	EATH in plai	important. S	
1.1	-WRITE PL	mation should	CAUSE OF I	TION is very	

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	50 1345
County Frederick	Registration Dist. No. 132
Village or City Middlaton	Not Teirieur E. Middlelan St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city of town where death occurredyrs,	_mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Quean Rebesca	Vaner
(a) Residence: No. (Currence) C. Modall (Vaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
OR DIVORCED (write the wo	rd) July 10, 1936
Sa. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Leage W. Have	22. I HEREBY CERTIFY, That I attended decaesed from
1	I lest saw h
5. DATE OF BIRTH (month, day, and yaar) face / 833	
9-5 (10 lday,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	probable
9. Industry or businass in which accerbation	Je of
SAW MILL, BANK, atc.	(Dronger Varonitonis 10
and occupation (month and	, 32
year) occupation	Other Contributory Causea of Importance:
2. BIRTHPLACE (city or town) Muddlelone	
(State or country) Many-Cand	1
13. NAME John W. Burgard 14. BIRTHPLACE (city or town). Muddle Land	Sarcoma (Breast)
14. BIRTHPLACE (city or town) Mudallelan	Name of operation 2000 Data of
(State of country) Many tand	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gathering Poffentier 16. BIRTHPLACE (city or town). Maddellan	23. If death was due to axtarnal causes (VIOL ENCE). SII In also the following:
16. BIRTHPLACE (city or town) Mcddle Com	Accidant, suicide, or homicide?
(State or country) may land	Whare dld Injury of cur? (Specify city or town, county and State)
(Address) Fredericks mod	Specify whethe Linjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Middlelom Date July 1 2, 19	36 Natura of Injury
INDEPTAKED Fair & Fair 3	24. Was disease or injury In eny way ralated to occupation of daceased?
19. UNDERTAKER (Address) replenes mod	If so, specify
20 EUED belee 11:036 E) leners &	(Signad) Ilune Harla M. C
20. FILED filled for 1, 19 76 File To To Getter Registr	
If more blanks are needed, address State Res	pistrar 2411 N Charles Street Baltimore Requesting TI S No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-18	Example II	Z. Z
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	!]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition Siephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 4 1936	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		-1}	Example II	- Landin prope
The principal cause of of importance were as	death and related	dauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NIC 5	1996	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	ses of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year
				The State of the S	

S IS A PERMANEN	stated EXACTE	properly classified.	cortificate.
HIS	be	pe	Of
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTT	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION : important See instructions on back of certificate.
23		-	-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7348
1. PLACE OF DEATH	131
County Trederick within the Corpora	Registration Dist. No.
Willego or City Trederick	No. 604 Middle St., Ward
1/4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Id he Hope	HEU. S. Veteran, specify WAR NONC
(2) Recidence: No 6 04 middle	The state of the s
(a) Residence: No. 6 0 7 (Usual place of abode)	Serick Mil If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temala Mit married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of	1 July 15, 193 & to July 16, 1935
6. DATE OF BIRTH (month, day, and year) ling 26-1865	1 last saw harman alive on feely 193 5; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at
/ 0 / 0 Z 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Oate of onset
8. Frada, profession, or particular kind of work done, as SPINNER,	Phy Thy or archtin 3
SAWYER, BOOKKEEPER, etc.	Car ray curount
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and 1936 spent in this 23 year)	
this occupation (month and 1936 spent in this 207)	Other Coatributory Causes of impostance:
12. BIRTHPLACE (city or town)	Heat Exilarition (704y)
(State or country)	Brancho & neumania I glay
14. BIRTHPLACE (city or town) Viginia	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy? /// 0
	23. If daath was due to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
pl + di	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Frederica Red	4
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place) W & Other Cempate frug 18, 1931	Mature of injury
19. UNDERTAKER 6: E. Coline Hoy	24. Was disease or Injury in any way ralated to occupation of deceased?
(Address) Frederica Med.	If so, specify
	I will be a disserved to the self in
20. FILED 7 - LA . 1920: W. T Na - Curly Registrer.	(Signed) Tedural Mol

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
2.	•	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

J. J. Summy

V. S. No. 1

for-	ate	·V	
f in	d st	CUI	
o ma	houl	00	
y ite	S	t of	
Ever	MAI	emen	
9	XSIC	stat	
SC.	H	act	
r RI	Υ.	EX	
EN	TL	jed.	
MAN	AC	assif	
ER	EX	y cl	te.
AI	ted	perl	tifica
SIS	sts	pro	cer
LHI	d be	y be	k of
K	houl	t ma	bac
NI	ES	iat ii	s on
ING	AC	so th	ction
FAI	lied.	ms,	stru
ND	ddns	ter !	e in
TTH	lly s	plain	Š.
W,	refu	l in	tant
N. C.	e ca	ATH	npor
LAD	ald b	DE	ry ir
E P	shor	OF	S Ve
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHXSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
M	ma	CA	TI
N. B		(-	1
F		1	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7349
1. PLACE OF DEATH .	820 " 121
County Tredence Within the Corpora	Registration Dist. No.
Village or City Trederick	No. 442 W. South , St, Ward
Length of residence In city or town where death occurred 73 yrs,	death occurred in a horpital or institution, give its NAME instead of trees and number) ds. How long In U.S. if of foreign birth?yrsmosds.
0 1 - 1	1 S Trata
2. FULL NAME Reuben undrew	Wish war as the War
(a) Residence: No. 477 (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH
male white widewed	(Month) (Way) (Yeer)
5e. if merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(a) HIFE OF Matilda Stuth Ham	7/14/36 1926 to 7/10 1936
6. DATE OF BIRTH (month, dey, and year) Sept 94 1842	I last saw here elive on 2 3 2 P w 7/16, 19 5 4; deeth is sald
7. AGE Years Months Days If LESS then	to have occurred on the date steted ebove, et3m.
93 9 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
Trade, profession, or perticular kind of work done, es SPINNER, Blacksmith	Central Tremontage 7/1/36
kind of work done, es SPINNER, Blackson SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, releved SAW MILL, BANK, etc. 10. Date deceased last worked at this occurrent public services of month and services of the services of month and services of the services of the services of month and services of the service	
And Industry or business in which work wes done, as SILK MILL, Telese of SAW MILL, BANK, etc	
11. Total time (yeers) this occupation (month end	
year) 1893 occupetion occupetion	Dther Contributory Causes of Importance:
12. BIRTHPLACE (cily or town) Saluma	acuto selevario
(Slate or country)	Brancho puemen
14. BIRTHPLACE (city or town) Pulsanow	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosts? Wes there an autopsy?_\(\Delta\pu\)
7 4	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
my Elm Brucker	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
17. INFORMANT AUG. CAN South ST	
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Inf. Olivef Dete Judy 12, 1936	Neture of injury
19. UNDERTAKER Henry E. Carty Co	24. Was diseese or injury in eny wey releted to occupetion of deceesed?NQ*
(Address) I if demis I nd.	if so, specify
20. FILED / July 1936 Of / Weens	(Signed) 4 E 2 W L
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

incipal cause of death and related causes ortance were as follows: f epilepsy by street car	Date of onset 1 week ago
	1 week ago
r hu street car	
by street car	1 week ago
tis	3 days ago
ontributory causes of importance:	
teritis	1 year
-	ontributory causes of importance:

1. PLACE OF DEAT

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth? MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. Thet I ettended deceased from 1934,10 7to have occurred on the data stated above, at 9. 05 Pem The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance Date of onset 23. If death wes due to axternal causes (VIOL ENCE) fill in elso tha following: Accident, suicide, or homicide?______ Date of Injury______ 19. (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disaasa or injury in any way ralated to occupation of dacaased? If so, specify

20. FILED . 9

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	i i	Example 11	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVEL .	1915	Attack of epilepsy	1 week ago
Chronic interstitial h		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	4		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	or-	ite	Y-	
	infe	sta	UP	
	Jo	ple	200	
	em	shor	0 3	
	y it	502	0 1	
	ver	AN	nen	
	B	ICI	ten	
	S.	[XS	sta	
	300	PE	act	
	RE		Ex	
	N	L	rj.	
	NE	CT	ifie	
	MA	A	ass	
	ER	EX	7 C	e.
	I P	pa	erly	ical
	50	tat	rop	rtil
	52	e	e p	f ce
	E	d b	y b	k o
	J	Ino	ma	bac
	Ž	sh	it it	no
	9	GE	that	suc
	NIC	V	80	ctic
	FA	ied.	nS,	stru
	Z	lppl	terr	ins
	H	ns /	iii	See
	II	ully	pla	+
		ref	l in	tan
h	Ž	e Ca	T	por
	AIN	l be)E/	im
	PL	oulc	FI	ery
	Ā	sh	E 0	is v
	RIT	ion	US	Z.
	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	B			
	ż			

1. PLACE OF DEATH		COLDOCATA WERE	B - 131
County Frederick	Michael the		Registration Dist. No.
Village Dr City_Frederi Length of residence in city or town whe		yrs. (1	No. 128 E Fifth St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. C ds. How long in U.S. if of foreign birth? yrs. mos. ds.
			Co.
2. FULL NAME Baby B (a) Residence: No. 128 E	oy Harri Fifth (Usual place		If U. S. Veteran, specify WAR NODE St. Maray Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	July 10th, 193 36
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. IHEREBY GERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year)		1936	I las (saw have alimetral -) in to
7. AGE Years Months O	Days O	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a 2.20m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of once
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	spe occ	time (years) ent in this upation	Other Contributory Causes of Importance:
(State or country) Mary			
14 BIRTHPLACE (city or town)	ryland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lena K	olb		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lena K 16. BIRTHPLACE (city or town) (State or country) Mar	yland		Accident, suicide, or homicide?
17. INFORMANT HOMER HARR (Address) 128 E. Fif	th St.	City	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M	t. Olive	t Cem.	Manner of injury
19. UNDERTAKER M. R. Etch (Address) Frederick, 20. FILEDII — 1936. 3	ison & S	On Curling Registra	24. Was disease or injury In any way related to occupation on deceased?

フコスチ

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street car 1 v	T
Chronic interstitial nephritis 1921 Run over by street car 1 v	e of onset
7 1 1 Alli- 3 (9.5)	week ago
July 1,1321 Terunius Sa	days ago
BUREAU V. S.	
Other contributory causes of importance: Other contributory causes of importance:	10
Gallstones May 1,1923 Gastroenteritis 1	1 year

M) (S	item of infor- should state of OCCUPA-
	NG INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-
INDING	RMANENT RI X A C T L Y. classified. Ex
FOR B	S IS A PE
RESERVED FOR BINDING	AGE should be that it may be

mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADIN

MARGIN

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. /3 0
Village or City Jime Kilm	No. St., Wal
Length of residence in city or town where death occurredyrs	_mosds. How long in U. S. if of foreign birth?yrs,mos,c
2. FULL NAME Infant Herbert	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
Remale Colored. OR DIVORCED (with the word Single	
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That lattended deceesed from 19.36 to 19.36
DATE OF RIPTH (month day and year) July 5-1936	
AGE Years Months Days If LESS tha	
Still of dey, min.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Def In
9. Industry or business in which	I semalure min july
work was done, es SILK MILL, SAW MILL, BANK, etc	0.0
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Line Kiln	Other Coutributory Causes of Importance:
(State or country) and	
13. NAME Thomas Harber	
14. BIRTHPLACE (city or town) The de Con	Name of operation Date of
(State or country) Maryand	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Elle Kerbert	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town) Thountville	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Fredlo. Maryland	Where did Injury occur?
INFORMANT Mangarel Helpey "	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece of Pool Dete July 5 19.	
O UNDERTAKER P 2 Clin Low	24. Wes disease or Injury in any wey releted to occupation of deceesed?
0, FILED July 5, 1936 Jan 91 (Registrar	(Signed) Structel Co / Voltage M
	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	DI	Example II	
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 4 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	37.37	S 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	7353
1. PLACE OF DEATH	~		3/
County Trederich		Registration Dist. No.	V
Village or City Mandana	- /	No. amergency Dispitalst.	Ward
Length of residence in city or town where deet		f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. it of foreign birth?	
2. FULL NAME Baky	Sail	Halt was	retire.
11/2/6	1-5-6	Corporation	- Class
(a) Residence: No. 1/2 () Co	(Usual place of shode)	St., Ward. I Wengesident give city or town a	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	
Temale white	Lingle	(Month) (Dey)	, 193. (Q (Yeer)
5a. If merried, widowed, or divorced HUSBANO of		22. ALHEREBY CERTIFY Thet Lattend	
(or) WIFE of		22. I HEREBY CERTIFY, Thet I attend	ed deceesed from
6. DATE OF BIRTH (month, day, end year)	ly 23 1936	I last saw here alive on 23-July 19	6 death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date steted ebove, et_3 Am.	
O. Stillen	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	1.
8. Trede, profession, or perticular			Dats of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	()	-	
work was done, as SILK MILL, SAW MILL, BANK, etc.	To o	tip)	23_
O 10Date deceesed lest worked et	11/ Total time (years)	pour rou	Tuly
this occupation (month end year)	spent In this occupation		
12. BIRTHPLACE (city or town)	erich	Other Contributory Causes of importence:	MIRATE IN
(Stete or country)	ml.		
I 13. NAME destie sher	den Halt		
13. NAME Levie Sheet 14. BIRTHPLACE (city or town) Many	Land	Neme of operation Dete of	
(State of country)	Adr. 1	Whet test confirmed diagnosis? Wes there e	en eutopsy? NO.
15. MAIDEN NAME CLIEB SE 16. BIRTHPLACE (city or town) - Manager (State or country)	ace stant	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the follow	ving:
16. BIRTHPLACE (city or town) Many	Art Lane	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	0	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT M. Aleger	I supt	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	respice ind.	Manner of Injury	
Place leves form had	Octo 14, 14, 1936	Manner of injury	
In was In said	see He	24. Wes disease or injury in any way releted to occupation of deceased?	7 No.
19. UNDERTAKER	200	If so, specify A.A.	ļ
20, FILED 24 - July , 1936. Dra	and cilla	(Signed) I Jodurne M	M. D.
20, 111112	Registrar.	(Address) Lucleuch	mb

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	7355
1. PLACE OF DEATH		820	- 00(/
county Frederick		Registration Dist. No. / 3 8	~
Village or City Mr. Burtle	olows:	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death	occurred yrsnios	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Selly	Jopkins		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R. DIVORCED (write the word)	21. DATE OF DEATH July 28 (Month) (Day)	93 6 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of W. E. Haf	Keins.	22. A HEREBY CERTIFY. That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year)	+ Know 1904	I last saw h en alive on July 28 1936;	leath Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
Mont 32.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	24 (121/4	Urterio a cleracia	193/
9. Industry or business in which	a wy	upoplexy	they 2-4
work was done, as SILK MILL, SAW MILL, BANK, etc.		· · · · · · · · · · · · · · · · · · ·	936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		**********
	oc.apation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	***************************************		
13. NAME Frank Burn	also		
13. HAME Frank, Bury 14. BIRTHPLACE (city or town) Man (State or country)		Name of operation	n.
	0.11.10	What test confirmed diagnosis? Other was there an au'o	psy?
1	euro.	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	_, 19
- (State of country)	1	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT U. E. Hopke	us,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
(Address) Bartha laws	Md'		
18. BURIAL, CREMATION, OR REMOVAL Place New Market! Da	to fuly 31- 1936	Manner of injury	
riace vulve to to 12 Da	1959	Nature of injury	4
19. UNDERTAKER W. Town Stale	ouer,	24. Was disease or injury In any way related to occupation of deceased?	la
(Address) new mast-	cut Md.	If so, specify	
20. FILED July 30, 19 36 Lucian	1 K Falconer	(Signed) armet T. Karp	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	ole I		Example II	
The principal cause of death a of importance were as follows: Arteriosclerosis	Telated causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	IC A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
/	1. PLACE OF DEATH.	12/
	County Frederick WITTING END WITTING	Registration Dist. No.
	Village or City Color Hashitas rederi	No. no denical City deputed St., Ward f death occurred in a hospital or institution, give as NAME isseed of street and number)
	Length of residence in city of own where death occurred 30 yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds
	2. FULL NAME Charles Jacob Hoc	est Of U.S. Veteran, specify WAR Post
	(a) Residence: No. Busketsullo Melle (Usual place of abode)	St. Werd (6) If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- 18	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thale White The Divorced (write the word)	21. DATE OF DEATH
		(Month) (Dey) (Yeer)
	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of M M House	22. I HEREBY CERTIFY. That I ettended deceased from 1936, to July 10, 1936
e.	6. DATE OF BIRTH (month, dey, and year) Arth 23, 1858	Plast sew ham alive on July 10, 1936; deeth is sel
certificate	7. AGE Yeers Months Days If LESS then	to have occurred on the date stated ebove, et 32.11.74m.
12	77 2 13 1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH SHIP ISSUED CAUSES OF IMPORTANCE
of ce	Trede, profession, or particuler kind of work done, es SPINNER Returned farmer	Chronic My oculati
	Industry or business in which	1
back	work wes done, es SILK MILL, SAW MILL, BANK, etc	-
no si	SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and 1926) spent in this occupation occupation.	
instructions	12. BIRTHPLACE (city or town) Mayland (State or country)	Other Contributory Causes of Importance:
str	II 13. NAME Greenberry House	-
	E	Name of operation Novel Dete of
See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there en eutopsy?
int.	15. MAIDEN NAME May M Grove, 16. BIRTHPLACE (city or town) \ 16. State or country)	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
important	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
very ii	17. INFORMANT John Called My (Address) Suntitarillo My	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
S	18. BURIAL, CREMATION, OF REMOVAL Place Burkstandle Date July /2 19 34	Manner of injury
LION	19. UNDERTAKER C. J. Frete 4 Son	24. Wes diseese or injury in any way related to occupetion of deceased?
T	(Address) Sunswith	(Signed) Thomas M.
ن	20. FILED 0 - July , 19 Dl. July . No Lundy . Registrer.	(Address) I rederet ut
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Harris I

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7357
1. PLACE OF DEATH	3
County 7 rulerul	Registration Dist. No. 147
Village or City Ry OS hulla	No. St., War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosdi
2. FULL NAME Till Bonn Oas	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of 5 + ill hory	22. I HEREBY CERTIFY, That I attended dacased from
6. DATE OF BIRTH (month, day, and year) Suly 3, 1436	I last saw h aliva on 19 death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
Stile how - I day,	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:
8. Trade, profession, or particular kind of work dona as SPINNER	Data of one of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Ttill hom
work was done, as SILK MILL, SAW MILL, BANK, etc.	
S. Hade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Othar Coatributory Causes of importance:
12. BIRTHPLACE (city or town). Will Stulle (Stata or country)	
13. NAME Charles Herbert Jackson	
13. NAME (Valls Herbert Tarksun) 14. BIRTHPLACE (city or town)	Name of oparation Data of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy? 🕰 .
15. MAIDEN NAME Cartolia gray	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Charles Hulest your son	Where did Injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Inform
Place Foliaship a- Date fight 4 , 1936	Manner of injury
19. UNDERTAKER TO MILL Sompleton (Address)	24. Was disease or injury in any way related to occupation of daceased?
20. FILED July 3, 1936 Archely Molecumb Registrar.	(Signed) M. I
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I)	Example II	The Edit
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG =	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Dav) CERTIFY, That I attanded decassed from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset 23. If daath was due to external ceuses (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?----- Data of injury------ 19 (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseasa or injury in any way related to occupation of decaasad?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1/2	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	/1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
81.06.			4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County Treduck	Registration Dist. No.
Villago ar City Frederick	No. St., f death occurred in Prospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 2 (yrs,mos	
2. FULL NAME Charles S. Knigh	YONE /YONE
(a) Residence: No. Wear Frederick	st., Ward. We
(Usual place of abode)	Myonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Ya)
a. If marriad, widowad, or divorcad	
HUSBAND of Octo Knicks	22. HEREBY CERTIFY, That I attanded daceasar
7 10/0-	July 63 ,1934, to July 23 ,19
DATE OF BIRTH (month, day, and year) / 8 2	l last saw h Luc alive on 29 1, 193 4; death
AGE Yaars Months Days If LESS than I day,	to have occurred on the date stated above, at \$4.3.4 A ₂ .m. The PRINCIPAL CAUSE OF DEATH and related causes of importance.
3 4 unknown or min.	ware as follows:
S Trade, profession, or particular tind of work done, as SPINNER, Lalone SAWYER, BOOKKEEPER, etc.	Also to Co les William -
	Ham com
9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data dacaasad last workad at 2 2 11. Total tima (yaars)	
this occupation (month and 143) spant in this 2674	
Caldinia	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	- Sulling
	- Xu Xuu
11 11	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Don't Russ	23. If daath was due to extarnal causas (VIOLENCE) fill In also tha following:
15. MAIDEN NAME South Russell 16. BIRTHPLACE (city or town) //	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Addrass) Tuderica ned	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL COMM.	Manner of injury
Place Montevery Date fine 21, 193	Natura of injury
9. UNDERTAKER G. E. To Cin Hory	24. Was disease or injury in any way related to occupation of deceased? 1
(Addiess) frederick sud	If so, specify
20. FILED 24 July 136. Dra J. hi Carely	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 5 1936	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN,	. 4

In Sing

BINDING

FOR

RESERVED

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEGEIVEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—I

1. PLACE OF DEATH	736
County Frederick	Registration Dist. No. 14 7
110	NoSt.,Wa f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Arrel Com Verges (a) Residence: No. Lewis Cown (Usual place of abode)	sds. How long in U. S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) History	21. DATE OF DEATH (Month) (Day) (Year)
5a. Af-married, widowed, a divorced HISBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	22. I HEREBY CERTIFY, That I attended deceased from 1934, to 1934; death is so to have occurred on the date stated above, at 2.22m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data otons
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (mogth and year) 12. BfRTffPLACE (city or town) (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. FNFORMANT (Address) R R # 3	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place LLC a Date July 7 11, 1936	Manner of Injury
19. UNDERTAKER Willhidl & Creeger (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Aug to 1936 Ama M. jouce.	(Signed) M. M. (Address) M. M. (Address) M. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	1. PLACE OF DEATH			2	
County				Registration Dist. No. 139	
Village or	CityState_S	Sanatori	um, Md	No. St., St. NAME instead of street and numb	Ward ber)
	esidenca in city or town where			s. 3. ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
	AME George		44 557	If U. S. Veteran, specify WAR	
	lence: No. Boonsh	(Usual place	of abode)	as bing towardo. Maryland, If nonresident give city or town and State	e
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)		3 6 (Year)
5a. If marriad, wid HUSBANO of	lowed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, That I attended dece April 15 136, to July 16	
6. DATE OF BIRT	H (month, day, and yeer)	Feb. 9	1915	I last saw h. i.m. alive on July 16 ,19.36; de	
7. AGE	Years Months	Oays	If LESS than	to have occurred on the dete stated above, at 7. OOP	
2	21 5	7	I day,hrs.	THE RINGE ALL CAUSE OF DEATH and related causes of Importance	ata of onset
SAW I	or business in which wes done, as STLK MILL, MILL, BANK, etc	ADC.	time (years)		1935
iz. Birthplace (city or town) (State or country) NOV. 1935 occupation 6Yrs Maryland,				Other Cantribatory Canses of Importance: Tuberculous Empyema Spontaneous Pneumothorax	
13. NAME	George	W. Mart	3.	Pleuro-Bronchial Fistula	
	ACE (city or town)	Maryla		Name of operation none Pos Sputume of What test confirmed diagrams to X-Ray Was there an aulop	psy? Ye.s
I5. MAIDEN	NAME Carrie	Green.		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
	LACE (city or town)			Accidant, suicida, or homicida? Date of Injury Where did injury occur?	, 19
17. INFORMANT George S. Martz. (Address) Boonstoro, Md.				(Specify city nr town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL				Mannar of injury	
Place B.C.	onsboro, Md.	Data Un	cnown, 19	Nature of injury	
PlaceBoonsboro, Md. Data Unknown, 19 19. UNDERTAKER William Bast & Son (Address) Boonsboro, Md. 20. FILED 19.				24. Was disease or injury in any way related to occupetion of deceased?no_ If so, specify	M. 9

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ż

-WRITE PLAINLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
ASIG G 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

5. Every item of infor-

V. S. No. 1 N. B.

-WEIN SERFORATE LIMITE OF		
STATE	OF MARYLAND—CERTIFICATE	OF DEATH

pay	03	10	13
1	3	1	. 1
.0	0	V	1.7

1. PLACE OF DEATH	——————————————————————————————————————
County Frederick	Registration Dist. No. 14/
Village or City Burnawilla	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos,ds.
la 1 me lel	
2. FULL NAME TOWN ME There	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Colored writer with the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Junuala	22. HEREBY CERTIFY, That I Mended deceased from
6. DATE OF BIRTH (month, day, and year) unknown 1867	I dist saw to be elive on See Le 5 19. \$ 6; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above. A. J. J. J.
lebout 69 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
2 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, Checker BYORR	Mente Museaudelis
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	//
JO. Date deceased lest worked at this occupetion (month and)	
this occupation (month and 143 2 spent in this occupation	45
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Ne Reillube and
E 13. NAME alpred Mc Thee	
13. NAME (My or town) The Three (State or town)	Name of operation
(State or country)	What tast confirmad diegnosis? Wes there an autopsy?
15. MAIDEN NAME Cornelia Commirchan	23. If daeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cornelia Curring from 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Dylvin Robinson (Addrass) Danville Vil	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Campille Va Dote July 21, 1936	Nature of injury
19. UNDERTAKER CHARLET WALL	24. Was disease or injury in any way ralated to occupation of specased?
(Addrass) Brunswick MM	If so, spacify of the space of
20, FILED July 26, 19 hus algente H. Word	(Signad) A leaw Throughten D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG A 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

good miles

TION is very important. See instructions on back of certificate.

5. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

7364

1. PLACE OF DEATH			21	
County Frederi	ck,		Registration Dist. No. 139	
Village or CityState_S		(16	No. St., death occurred in a hospital or institution, give its NAME instead of street and n 14 ds. How long in U.S. if of foreign birth? yrs mo	Ward
2. FULL NAME Geor	rge A. Me	wshaw	If U. S. Veteran, specify WAR	
	-		ad St., Ward.Baltimore, Maryland If nonresident give city or town and	State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 7 (Month) (Oay)	193.6(Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	Ruth Mews	haw	22. I HEREBY CERTIFY, That I attended depart 1 23 , 19 36, to July 7	leceased from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months 27 1 3. Trade, profassion, or particular	May 29 Oays 8	1909 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 10.36A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	P33 III. Total t	tima (years) Int in this YYS .	Pulmonary Tuberculosis Other Contributory Causes of Importance:	Mar. 1936
(State or country)	Maryland			
13. NAME Philip Me	Marylan	id.	Nama of operation_DONSPosSputuffate of What tast confirmed diagnos@hestX_Rey Was there an ac	utopsy?
15. MAIOEN NAME Susie 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Dygert Minn. on admis	ssion	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Balto. Md	Data Unkn	10WA ,19	Manner of injury	
19. UNDERTAKER M. L. Creage (Address), Thurmont, 20. FILEO		Registrar,	24. Was disease or injury in any way related to occupation of daceased?	M. D.

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interpolitical monthsities	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis ANG 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0 -
1. PLACE OF DEATH	942	(()
County tredames ()	Registration Dist. No. 144	
Village or City Rocky 18cogs	No	Ward
Length of residence in city or town where death occurred yyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and n	
h.	aller De action	3
2. FULL NAME Truly lique IN	Day to a second	
(a) Residence: No. / (Decal place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH	/
Meaned	(Month) (Oey)	(Year)
5n. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended of	leceased from
(or) WIFE of Jan J Milles	July 18, 1936, to July 18	1936
6. DATE OF BIRTH (month, day, and year) Opr- 25 1880	(1 last saw he alive on July 8, 1936	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 f.m.	
56 2 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	- And	01-1-10
SAWYER, BOOKKEEPER, etc.	Chegena precores	y y
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (moret) and this corruption (moret) and spent in this		1126
10. Date deceased last worked et this occupation (month and 1954 11. Total time (years) spent in this		
year) occupation E	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME Lev- W Wales 14. BIRTHPLACE (city or town) Ballupare		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an a	
E CHILLIAN THE	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?	, 19
17. INFORMANT Mus Selva Soully	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
(Address) Hory Puts & mw.		
18. BURIAL, CREMATION, OR REMOVAL (Wh. Jalon)	Manner of Injury	
Place Not Ley Mag Oate July 3 1956	Nature of Injury	7
19. UNDERTAKER MASS CREAGEL Hon	24. Was disease or injury in eny way related to occupation of deceased?	20
(Address) thursday from	If so, specify	
20. FILED why 20 , 1936 Usnow M. Jones	(Signed) Colorer Park	M. O.
Registrar.	(Address) Decoup 2000	

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVEE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage AUG 4 1939	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. be properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		93,70	/
County Treder	efc	Registration Dist. No.	5 4
Village or City	leting (11	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residance in city or town whara	death occurred yrs mos	sds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME Jane	Elizabeth Tu	eles If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATIST	1	MEDICAL CERTIFICATE OF DEATH	
Feurl 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Day)	, 193_ 6 (Year)
5a. If marriad, widowad or divorced HUSBAND of (or) WIFE of	les Trices	22. July 20th, 135, to July //	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, h. 10 p.m.	2.; death is sa
80 10	/ 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera applicable:	Datasta
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired	Chrome Myocarditis	Batto of 033
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House Lady		
10. Data daceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	ellayus co	Other Cantributory Causes of Indoortands:	1/1/3,
110	Ele /		
13. NAME 14. BIRTHPLACE (vity or town) (Stata or country)	rederigh Co	Name of oparation Date of What tast confirmed diagnosls? Was there an	autopay?
15. MAIDEN NAME Elijah	the Tue Clair	23. If daath was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Fredericker	Accident, sulcide, or homicide? Date of injury	
17. INFORMANT	willes 7	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	atc) LACE.
(Addrass) 18. BURIAL, CREMENTION, OR REMOVAL Place L. Labour U.	d Date 7/ 13 1986	Manner of Injury	
The state of the s	7/	Nature of injury	0
19. UNDERTAKER US AS	half &	24. Was disease or injury in any way related to occupation of decaesed?	no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAINLY,

V. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

/	LACE OF I		4		23)	
		derick			Registration Dist. No. 139	
		State San		yrs. 1 mos	No. State Sanatorium St., death occurred in a hospital or institution, give its NAME instead of street and but the bound of the street of th	number)
2. F	ULL NAME	Frederic	k C. Mu	llen	If U. S. Veteran, specify WAR	
(a) Residence:	No. 1006 Hi	lman St (Usual place	of abode)	St., Ward. Baltimore, Mar	yland State
F	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	ale	White		RIED, WIDOWED, O (write the word) i ed	21. DATE OF DEATH July (Month) (Day)	., 193_6(Year)
5a. If me Hu: (or)	erried, widowed, s SBAND of WIFE of	or divorced	Mullen		22. I HEREBY CERTIFY, Thet I attended May 27 1935 to July 2	deceased from
6. DATE	OF BIRTH (mor	nth, day, end year) M8	rch 4.	1885	I last sew h_im_elive on_July_2	6; death is sein
7. AGE	Years 5	Months	Days 28	If LESS than I dey,hrs. ormin.	to have occurred on the dete steted above, at	Date of onsat
0 10.	Industry or busi work was do SAW MILL, E Date deceased is	on (month and y 10	11. Total ti	r Dept. ime (yeers) nt in this 28	Pulmonary Tubergulosis Other Contributory Causes of Importence:	Jan. 1935
((State or country)		-14.55.4		Laryngeal Tuberculosis	Jam. 1935
H14.	BIRTHPLACE (ci		and		Name of operation none Positive Span. Whet test confirmed diagnosis? X-Ray Was there an	
E	MAIDEN NAME BIRTHPLACE (ci (State or cor	ty or town)	Sarney eland		23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	, 19
17. INFO	ORMANT de	ceased (or	n admiss torium	ion)	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
18. BUR	IAL, CREMATION Place Bal	I, OR REMOVAL		nown 19	Manner of injury	
19. UND	DERTAKER M. (Address)	L. Creage	or New lan	đ	24. Was disease or injury in any way related to occupation of deceased?	no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follow.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

7368

1. PLACE OF DEA	TH C	I MIMIX	LAND	CERTIFICATE	OI DEA	111	
County Frede	rick.	within the	Odchousia Mi	MASS.	Registration	Dist. No.	2
Village or City_Fr	ederick	2		No. Frederick	City Hos	spitalst.,	
Length of residence in ci				ds. How long in U.S.1	Address with the same of		mosds.
2. FULL NAME			sser	Jf U. S. Vetera	n, specify WAR	None	
(a) Residence: No	1024 N.	Market (Usual place	of abode)	Sh. Word.	If nonresident	give city or town a	nd State
PERSONAL AN		CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
	r or race ite	5. SINGLE, MARI OR DIVORCED Single	(write the word)	21. DATE OF DEATH	July (Month)	13th,	, 193 6
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22 HEREB	11 4	Y. That I attende	deceased from
6. DATE OF BIRTH (month, day		ecember	11, 1935	l iast law h_G.T Vive on	Pul to	193	; death is said
7. AGE Yeers	Months 7	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date st The PRINCIPAL CAUSE OF DE ware as follows:		s of importance	Date of onset
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, ess SAW MILL, BANK, of this occupetion (mo year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME RODER	PER, etc. which SILK MILL, stc. ked at nth and	and	me (years) It in this pation	Susaplacities lether Other Contributory Causes of in Accordation 1 three	portanca:	se rather	
14. BIRTHPLACE (city or to (Stata or country)	wn) Mary.	land	24	Name of operation			
15. MAIDEN NAME A	nna Smi	th		23. If death was due to external			
15. MAIDEN NAME A: 16. BIRTHPLACE (city or to (State or country)	wn)Mar	yland		Accident, suicide, or homicide?. Where did Injury occur?			
17. INFORMANT Rober (Address) Frede	rick, Mo	d.		Spacify whether Injury occurred	(Specify city or in INDUSTRY, in HO	town, county and S ME, or in PUBLIC I	tate) PLACE,
18. BURIAL, CREMATION, OR R	ick, Md	Olivet Date July	Cemetery 15,136	Manner of Injury			
19. UNOERTAKER M. R (Address) Fred	Etchi	son & So Maryland)n I	24. Was disaase or injury in an	way related to occupa	tion of decaased?_	na
20. FILEDLY July	1036. Du	af In 1	Régiserar.	(Signed) (Address)	PRO	duch	tut.
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Complyed beneathan	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 3 1930	July 5,1927	Peritonitis	3 days ago	
BUDDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	
			the state of	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

B.—WRITE PLAINLY

V. S. No. 1

Exact statement of OCCUPA-

7369

1. PLACE OF DEATH	(22)
County Towner of the party	Registration Dist. No.
Village or City Tredence mos	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nos. 3 ds. May long in U.S. If of foreign birth?
2. FULL NAME Charles Muice J	Is W.S. Veteran, specify WAR Love
(a) Residence: No. Nanely Flools Mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write that word)	21. DATE OF DEATH 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of	22. The HEREBY CERTIFY. That I attended deceased from 26, 19 36 to Sur 79, 19 36
6. DATE OF BIRTH (month, day, and year) Asset 5 1924	I last saw h im aliva on July 24, 1936; death is said
7. AGE Years Months Days If LESS than	
2 4 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date-fonear
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ucute Cetanus; coursed 7/25/2
	by a puntined wound of fort, made
9:Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	with a maile Coulfor
10. Date daceased last worked at 11. Total tima (yaars)	accidental mail wound, punture de
this occupation (month and spant in this occupation spant in the oc	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sayoly Flows Mo	Urner Contributory Causes of Importance:
13. NAME Charles huice	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy? Ao
15. MAIDEN NAME put / Mown	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Dancy Dog M.	Accident, suicide, or homicide? Describent Date of injury July 22, 19.36.
(State or county)	Where did injury occur? Me Structure the trederick County of Mrd . (Specify city or town, county and State)
17. INFORMANT NATIONAL MARKET	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of injury nowil Characters of facts
Place Is Cemetery Date July 0/ 198	
19. UNDERTAKER A COCCUSION (Address) 13.0 (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 29-July, 1936. Dre J. M. Cively Registrar.	(Signed) A denne M. [(Address) Furedanck, Md.
	ear, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample 1		Example 11	
The principal cause of dea of importance were as follows: Arteriosclerosis	th and related causes ows: KEUEIVE	7	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	7 11036	1931	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 3	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				4		
				4,1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	li	Example 11	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	1
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Trederick	Registration Dist. No. 134
Village or City Emilalus	Nn. St War
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Braunia Marie	A If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 26 1936
If married widower or divorced	(Month) (Day) (Year)
(or) WIFE of Juny S. Nunemaker	22. HEREBY CERTIFY That attended deceased from 1936 to 1936
DATE OF BIRTH (month, day, and year) Teh 26-1890	least saw her alive on July 26 1936; death is si
AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at
46 5 0 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Hypertension - Several zers as
kind of work done, as SPINNER, Houseunfe	acteriorclewing - " !!
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	Coronary occlusion - July 26 1936
10. Date decessed last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 20	
O Cocupetion	Other Contributory Causes of importance:
. BIRTHPLACE (city or town) . John	
(State or country) Jense O	
13. NAME Charles Brown Partis	
14. BIRTHPLACE (city or town) - Livelcohng	Name of operation Date of
(State or couptry)	What test confirmed diagnosi Clistical exast. Was there an autopsylle
15. MAIDEN NAME Jane Galdwell	23. if deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (dy or town) Bar Chester	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
INFORMANTLUIS Golf Lunemakey	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CROSSATION, OR REMOVAL (7	Manner of injury
Plecotruitaling Wel Date 7/28, 1926	
UNDERTAKER The Address of Allers of The Address of	24. Wes disease or injury in any way related to occupation of deceased? 200
11 212 11	If so, specify with the Clade
FILED Traly 28 19 36 M. F. Ahust	(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis 3 days ago July 5, 1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: 5. May 1,1923 Gastroenteritis 1 year Gallstones

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	SICIAI	
--	--------	--

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-FOR BINDING ARGIN RESERVED

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	3,72
1. PLACE OF DEATH	1	93.0	1
County Frederick	le .	Registration Dist. No. 1	1
Village or City Montes	ruk	No Me Marie Marie Marie Marie Marie Marie Marie Marie and death occurred in a horpital of institution, give its NAME instead of street and	
Length of residence in city or town where o		ds. How long in U.S. If of foreign birth? yrs. m	108
2. FULL NAME OMM	a far	ker winner en work NoT a betera	
(a) Residence: No. 124 Sc	e St. Frede	risker Ward during my	×
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female Col.	OR DIVORCED (wate the word)	(Month) (Day)	., 193 (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	P,	22. I HEREBY CERTIEY. That i ettended	deceased f
and duoden	arren	June 26 1936, to July	8 193
S. DATE OF BIRTH (month, day, end yeer)	et. 24, 1883	(last sew h. Lt. alive on July (8 - 1986	_; deeth is s
. AGE Years Months	Days If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, stm.	
37 4	14 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Date of on
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	touse work.	Chrome Mussen det	193
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc			
10. Dete decessed lest worked et this occupation (month and year)	11. Total time (years) spent in this occupetion		-
, , , , , , , , , , , , , , , , , , , ,	occupation	Other Cautributary Causes of importance:	
12. BIRTHPLACE (city or town)	mid.		100
1 0. // //	lemmy	Chrome arters & Clerans	1134
13. NAME Richard 14. BIRTHPLACE (city or town)	A 3	Neme of operation Date of	
(State of country)	us.	Whet test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Quince	Reid	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the followin	g:
16. BIRTHPLACE (city or town)	m J	Accident, suicide, or homicide? Dete of injury	, 19
(Stete or country)	ma.	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Miss agel. (Address) Freder	stereer Montin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Frederick, M.	Manner of injury	
Pleca fairele Con	Dete July 18, 1936	Neture of Injury	
19. UNDERTAKER M. P. Clch	ison of for	24. Was disease or Injury in any wey related to occupation of deceased?	200
20. FILED - July , 19.36, De	a f. m Cludy.	(Signed) 18. O. Thomas	^
	Registylar.	(Address)across, Me	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 5 1936				
Other contributory causes of importance:S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7373
1. PLACE OF DEATH	92.70
County Frederick	Registration Dist. No. 134
Village of Coffee Towns Creek Chus	
Length of residence in city or town where death occurred 4 yrs.	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) 3
541 - M. 1. K	2
2. FULL NAME of Cury is MOAN I	neups
(a) Residence: No./ (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH CLLY (Day) (Year)
HUSBAND of June & flerlips	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 21/836	I last saw han alive on July 28 , 1936; death is sald
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated abova, atm.
00 2 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, atc.	Clerging Walvular diseas 1954
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occuration (month) and (2.5)	Marit
10. Date deceased last worked at this occupation (month and 925 spent in this year)	Mulial regulation
12. BIRTHPLACE (city or town) by Froderiched	Dther Contributory Causes of importance:
(Stata er country)	Oldera of lemas 193
13. NAME Leg Cury 1. Milled 14. BIRTHPLACE (city or towns 1	1 1 Key 26
14. BIRTHPLACE (city or towns	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Philippin	23. If death was due to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) knows (State or country)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT EN GOS Plus In (Address) Tomas Victoria (Address)	Whare did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL -	Manner of injury
Place MODO DE DOWN Ma Date JULY 30, 136	Nature of injury
19. UNDERTAKER COMMISSION WAS MILE.	24. Was disease or injury in any way related to occupation of deceased?
1. 2100	(Signed) / Calanot & Nellex M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis S A NY 38	3 days ago	
		Will a year		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Data of anna
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
an ilyanisai	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

St. F. Horedys

pe

plnoy OF

CAUSE mation

-WRITE

OCCUPA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Company howard and AUG 5 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG AUG V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Pa)
County Frederica 6 Within the Corporate Min	Registration, Dist. No. / 2
Village or City Freduces 6	No. Freducis Cely Hospilas, Ward
	death occurred in a hospital or institution, give it NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME CAROLIN Prul Me	If U. S. Veteran, specify WAR > NO.
(a) Residence: No. Shurrudux , Fund	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	(Month) (Day) (Year)
Sa. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 1920 - 13 - Male,	Most saw her alive on 17 - Truly 1936; death is said
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 6. P
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Leu (Seu Comb (Stupt) Date of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	7 +
work was dona, as SILK MILL,	def bealisien.
10. Date dacaesed last workad at this occupation (month and year)	
- 1-	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Key tweed Africay.
# 13. NAME William S. Dugan	1 dequell
14. BIRTHPLACE (city or town)	Neme of operation affender on With Water Date of Bush 1600
(State or country) maryland	What test confirmed diagnosis? Wes there an eutopsy? 200
15. MAIDEN NAME alle Marcharet Wilhicle 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whare dld injury occur? (Specify city or town, county and State)
17. INFORMANT My William Pryfu	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Trust and Date I- 19 ,1936	Neture of injury
19 UNDERTAKER Willise and by leger	24. Was disaase or injury In any way related to occupation of decaased?
(Addiess) Thermany man	If so, spacify
20. FILED 7- Suly, 1936 Millouelly Registrar.	(Signed) Statement Med.
If more blanks are needed, address State Registrar	24XI N. Charles Street. Baltimore. Requesting V. S. No. X.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis il L E ; V E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 1876	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	377
1,/	PLACE OF DEATH	(157-C)	
1/	County Julik Co.	Registration Dist. No. 12	
1	Village or City redead (If	No. Seldence Cetts OP St., death occored in a hospital or institution, give its NAME instead of street and ni	Ward
	Length of residence in city or town where death occurredyrs,mos.		
2.	FULL NAME Richard Derr Ray	C. M. S. Veteran, specify WAR Trans	
	(a) Residence: No. Middle (Usual place of abode)	St., Web) If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	Male White OR DIVORCED (write the word)	21. DATE OF DEATH (Day)	193(Year)
	married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended d	eceased from
6. DA	TE OF BIRTH (month, day, and year) July 8, 1936	1 last you h May alive on July 19 , 1936;	death is said
7. AG		to have occurred on the date stated above, at	
	0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	0-11	
F	SAWYER, BOOKKEEPER, etc	1) wavey	
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	Conquital Cardiac descore	
12. B)	pear) occupation occupation IRTHPLACE (city or town) Trederick Mid	Other Contributory Causes of Importance:	
œl.	(State or country)		
FATHER	3. NAME Veldon B. Vay	2 2 2	
FAT	4. BIRTHPLACE (city or town) M. j. d. d. Stown M.d. (State or country)	Name of operation	
α,	111.	What test confirmed diagnosis? Was there an au	
E	6. BIRTHPLACE (city or town) Middle town Md (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
	(State or Edward) (FORMANT NELdon B. Ray (Address) Wildetown W	Where did injury occur? (Specify city or town, county and State. Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE,
18. Bt	Place Luth. Cem. Middletoware July 11, 1936	Manner of Injury 2004	
19. UI	NDERTAKER Gladhill Go. (Address) Midaletony MA	24. Was disease or injury In any way related to occupation of deceased?	·
20. FI	Registrar.	(Signed) Segue Carp (Address) Lewer Karp	M. D.
-	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
The state of the s	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

J. PLACE	OF DEAL	н			22	
County		Fred	derick,		Registration Dist. No. 13	39
Village or	CityesIdence In city	Stat	te Sana	torium, M	death occurred in a horpital or institution, give its NAME instead of street and	number)
			ley Re			
					3 St., Ward. Anne Arundel, Co, I	Marylan d State
			CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married				D (write tha word)	21. DATE OF DEATH July 31 (Month) (Day)	, 193 6 (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Margaret Reese					22. I HEREBY CERTIFY, That I attended May 7 19 36 to July 3	decaased from
6. DATE OF BIRTH (month, day, and year) NOV. 27 1891 1902 7. AGE Years Months Oays If LESS then 1 day,hrs. ormin.				If LESS then 1 day,hrs. ormin.	I last saw h_i M_ alive on_July	
kind of work done, as SPINNERT axi—Driver SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Qate deceased lest worked at this occupation (month and 1936 spant in this 5Yrs and occupation 5Yrs.)				me (yaars)	Pulmonary Tuberculosia Other Contributory Causes of importance:	Dec. 1935
12. BIRTHPLACE (city or town) (Stata or country) Penna In 13. NAME John Reese					Fatal Pulmonary Hemorrhage	
14. BIRTHPLACE (city or town) (State or country) Penna					Name of operation None Pos Sputumof What test confirmed diagnosty est X-Ray Was there an	autopsy?nc
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Weems, Creek Md. 18. BURIAL, CREMATION, OR REMOVALA Place Weems Creek, Mode Unknown 19. UNDERTAKER (Address) Thurmont, May 20. FILEO 7/3/196					23. If daath was dua to externel ceuses (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	g: , [9
					Manner of Injury	
					24. Was disaasa or injury in any way related to occupation of dacaasad? If so, specify (Signed) Shaffe	10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritist	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 6 1938	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Change of age authorized by verbal statement of Dr. Shaffer by telephone August 8, 1936. also by report of the Census Bureau, Washington DC showing age of JOHN N REESE 17 years as of 1920. - Bureau of Vital Statistics.-L. WRITTEN authorization filed 8-10-36 under SHAFFER.

If more blanks are needed, address State Registrate, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		11-11-11	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

should state

1. PLACE OF DEATH	(2.2)		
County Frederick.	Registration Dist. No. 139		
Village or City State Sanatorium, Md. (1) Length of residence in city or town where deeth occurred yrs. most	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
	If U. S. Veteran, specify WAR		
	vest Co. Ward. Maryland		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH July 9 , 193 6 (Yeer)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of George W. S. Scaggs 6. DATE OF BIRTH (month, dey, end yeer) August 28 1888 7. AGE Yeers Months Oays If LESS then	22. I HEREBY CERTIFY, Thet I attended deceased from June 24 , 1936 , to July 9 , 1936. I lest sew h. ar elive on July 8 , 19 36; death is said to heve occurred on the dete steted ebove, at 6 15 An. M.		
47 10 11 1 dey,hrs.			
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Pulmonary Tuberculosis Jan. 1934 Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town)			
13. NAME John Norton			
H 13. NAME John Norton 14. BIRTHPLACE (city or town) Washington, (Stete or country) D. G.	Name of operationnone		
15. MAIOEN NAME Laura V. Hurley 16. BIRTHPLACE (city or town) Washington (Stete or country) D.C. 17. INFORMANT Deceased on admission	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
(Address) 18. BURIAL, CREMATION, OR REMOVAL Plece LOWER Marlboro Mobig Unknown , 19	Menner of injury		
19. UNOERTAKER M. L. Creager (Address) Thurmont Md. 20. FILED 7, 19	24. Wes disease or injury In any way releted to occupetion of deceased? NO if so, specify (Signed) And M. D.		

V. S. No. 1

-WRITE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car .	1 week ago
Cerebral hemorrhage AUG	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

/	or-	ite	A.		
	inf	sta	UP		
	Jo	pln	000	1	
	item	sho) jo	/	
	ry i	NS	nt	/	
	Eve	CIA	eme		
	D.	YSI	stat		
U	500	H	act		
	RE	Ŀ	Ex		
5	LN	E	d.		
	INE	CI	sifie		
	RM	XA	clas		
P	PE	B	rly	ate.	
20	A	ated	ope	tific.	
F	SIS	st	pr	cer	
1	THI	d be	y be	k of	
7	J	lnou	ma	bac	
I V	Z	E sl	it it	on	
MARGIN RESERVED FOR BINDING	NG	AG	tha	ions	
7	ADI	d.	98 ,	ruct	
3	NF	plie	rms	insti	
4	n I	sup	in te	see	
	TTE	ally	plai	.:	
	*	refu	I in	tan	
	TY.	e ca	ATH	npor	
	AT	q Pl	DE	y in	
	PI	nous	OF	ver	
	ITE	s uo	SE	Z is	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
			-	L.	

(Address)

20. FILED

V. S. No. 1

1. PLACE 0			7381			
County	Frede	rick,	Registration Dist. No. 139			
Village or (ityState	Sanatorium, N	Registration Dist. No. 139 No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number) mas 21 ds How long in U.S. if of foreign birth?			
Length of res	idence in city or town when	e death occurred wre	(If death occurred in a horpital or institution, give its NAME instead of street and number) 2mos. 21ds. How long in U.S. if of foreign birth?yrsmosd			
			FILE TO THE STATE OF THE STATE			
		mer J. Scott				
(a) Kesidei	ice: No. 24	10 E Preston,	St. St., Ward. Baltimore, Maryland. If nonresident give city or town and State			
PERSON		TICAL PARTICULARS				
. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW	WED. 21. DATE OF DEATH			
Male	White	OR DIVORCED (write the w	JULY 28 1936			
. If merried, widov	ved, or divorced	PILIBIA	(Month) (Dey) (Year)			
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I ettended deceased fro			
			May 7 ,19 36, to July 28, 1936			
	(month, day, and year)	August 9 191				
7. AGE Years Months Days If LESS then			to have occurred on the date steted above, e3.40A.M.			
	5 11	19 orm	THE CRINCIPAL LAUSE OF DEATH AND THISTON CAUSES OF IMPORTANCE			
rade, profe	ssion, or particular work done, as SPINNER,	Dlumbong Wolr	400000000000000000000000000000000000000			
Irade, profession, or particular kind of work done as SPINNER, Plumbers Helper SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and			per Pulmonary Tuberculosis April			
work wa	business in which s done, es SILK MILL, L, BANK, etc		1936-			
10. Date deceas	ed lest worked at	11, Totel time (years) spant in this Yr occupetion 5 Yr				
yeer)	pation (month end il	1936 Spant in this Yr				
2. BIRTHPLACE (ci	ty or town)		Other Contributory Couses of importance:			
(State or cou		Maryland.				
13. NAME	Clarenc	e Scott	7. 7. 7.			
13. NAME	(city or town)		Neme of operation none Pos Sputation			
(Stete or	country)	Maryland'	Whet test confirmed diagnosichest X-Ray Was there an autopsy? Ye			
15. MAIDEN NA		Yuhn	23. if deeth wes due to external causes (VIOLENCE) fill in elso the following:			
16 BIRTHPLACE	(city or town)		Accident, suicide, or homicide?			
(State or		Maryland.	Where did Injury occur?			
7. INFORMANT	Elmer J.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address)	Baltimore	Md.				
8. BURIAL, CREMAT	ION, OR REMOVAL		Manner of injury			
PleceE	alto. Md.	Date Unknown	9 Neture of Injury			
9. UNDERTAKER	M.L.Cre	age/c	24. Was diseese or injury in eny way releted to occupetion of deceesed?			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIG	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DEATH	\		(82-0)		
	County Treder	10-1			Registration Dist. No.	7
	Village or City 15	11e to	TOUC	No.	St.,	Ward
	Length at residence in city or town where d	leath occurred			ion, give its NAME instead of street an foreign birth?yrs	
2	FULL NAME A 16 63	29.	lie S	lifer If U. S. Veteran,		
	(a) Residence: Np.			St., Ward.		
-	DEDCOMAL AND CTATIOTIS	(Usual place of	2.1	MEDICAL C	Il nonresident give city or town a	
3. S	PERSONAL AND STATISTI				ERTIFICATE OF DEATH	
3. 3	. Male White	S. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH	(Month) (Day)	193 6
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE-of	-1-			1	
	(or) WIFE Mary Mac	Slife	er	22. I HEREBY	CERTIFY, That I attended	8 1936
6. D	PATE OF BIRTH (month, day, and year)	1 ay 1, 1	1883	I last saw had alive on.	- elle 18 / 1931	6.; death is said
7. A	GE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date states		
	33 2	1//	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of Importance	Date of onset
OCCUPATION	Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Mecha	nic	Cerebra	O house the	2.7/18/3
PAT	Industry or business in which work was done, as SILK MILL,	6				7
3	SAW MILL, BANK, etc	varage				
8	10. Date deceased last worked at this occupation (month and 7/18/		in this 25		,	
12.	BIRTHPLACE (city or town) / 11 d	dletown	is Ind	Other Contributory Causes of Impo	tance:	
~	(State or country)	1.0				
HE	13. NAME George J	Lifer		V		
FATHER	14. BIRTHPLACE (city or town) // /	dietal	was Mid	Name of operation	Date of	
	(State or country)	5.11.		What test confirmed diagnosis?	Was there a	n autopsy?
MOTHER	15. MAIDEN NAME /Thnie	Julli	Van		ses (VIOLENCE) fill in also the follow	
¥01	16. BIRTHPLACE (city or town)	rederick	Co. Md		Date of injury	, 19
-	(State or country)	01 -		Where did injury occur?	(Specify city or town, county and S	otate)
	INFORMANT / Ary / Ma (Address)	/	er	Specify whether injury occurred in	INDUSTRY, In HOME, or In PUBLIC	PLACE.
18.	BURIAL, CREMATION, DR REMOVAL Middl	etom of	- 1 -1	Manner of Injury		
	Place / E formed Lemi	Date	2.1.1.193.6	Nature of injury		
19.	UNDERTAKER GLabhil	1 60	\bigcap'		y related to occupation of deceased?_	
-	(Address)	Swing	1)	If so, specify	11 21	
20-	FUEDULL 21, 1976 DE	Torreson	Seelle	(Signed)	Wil allene	M. D.
	1 11	/	Registrar.	(Address)	Mondo	wo

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate

back

See

LION

OCCUPA.

plnous

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance: Gastroenteritis	
Vausimes	May 1,1923	Gastroenterius	1 year

V. S. No. 1 N. B.

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- P
County Firederick	Registration Dist. No.
Village or City / Nontenuts	No. Standard Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Talpho Bermague	Stelling Worther
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yagr)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22a I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Oet. 28, 1924	Tast saw h aliva on
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc SILLA AD LANGE OF MORE WORK WAS done as SILK MILL	Oate olonset
DI CAM MILL DANK	- Angicals on sleeping sichness " Rule R. D.
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this year) occupation.	Chuse: Unknown. Duration! two weeks.
	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)(State or country)	
13. NAME John Stillians	
14. BIRTHPLACE (city or town)(State or country)	Name of operation Date of
15. MAIDEN NAME Manie Smith	What test confirmed diagnosis? Was there en autopsy! 23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Paiss adels terger Mouten	Whera did Injury occur?(Specify city or town, county and State) Specify whather injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jefferson Md Oate July 29, 1936	Manner of Injury
19. UNDERTAKER to N. Frest Son (Address) Brunswick md	24. Wes disease or injury in any way related to occupation of deceesad?
20. FILED 26 Suly , 126 Milleud Registrar.	(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ALIG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

OCCUPATION

MOTHE

Male

HUSBAND of

(or) WIFE of

39

15. MAIDEN NAME

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Frederick Village or City Near Jefferson No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 39 yrs 10 mos 28 ds. How long in U.S. if of foreign birth? yrs. mos ds. Clara Richard Sulcer 2. FULL NAME LI U. S. Veteran, specify WAR NONE. (a) Residence; No. Near Jefferson Near Jefferson Md. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Married (Oay) 5e. If married, widowed, or divorced That I attended deceased from Viola Karn August 6. DATE OF BIRTH (month, day, ond year) to have occurred on the date stated shove. Years Months Oays If LESS than I day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance TO 28 ormin. Trade, profession, or particular kind of work done, as SPINNER, Farming SAWYER, BOOKKEEPER, etc -9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)

12. BIRTHPLACE (city or town) (State or country) Maryland FATHER John H. 13. NAME 14. BIRTHPLACE (city or town) (State or country)

this occupation (month and

Maryland Fannie Hale

16. BIRTHPLACE (city or town) _____ Marvland (State or country) Clora R. Sulcer

(Address) 18. BURIAL, CREMATION, OR REMOVALTE fferson . Md.

M.R. Etchison & Son 19. UNOFRTAKER Frederick. Md (Address)

Nature of Injury_

24. Was disease or injury in any way related to occupation of

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

spent in this

occupation

15

Where did Injury occur?___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	AUG 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			0	

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Trecles	Registration Dist. No. / c	32.
Village Dr City Mcclclle Town	ND. St., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
Length of rasidence in city or town whara daath occurredyrs,mos		
2. FULL NAME Samuel Chinry Jays	If U. S. Veteran, specify WAR	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Glach 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) William	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Julia HToyer	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) Wes 4 1862	f last saw h eliva on, 19	
7. AGE Yaars Months Days If LESS than	to heva occurred on the date steted ebove, atm.	
82 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:	154.4
Z 8. Trade, profession, or particular	Housel dead	Dats of onset
kind of work done, as SPINNER, May Laborer	Cause unknown	Bead
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Thought there	about
SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as STINNER, SAWYER, BODKKEEPER, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	heart alloth	. When
12. BIRTHPLACE (city or town) Burhittsvill (State or country) Mark land	Other Contributory Causes of Importance:	formed
14. BIRTHPLACE (city or town) Bushittill	Name of operation	-
(Stara of Country)	What test confirmed diagnosis? Was there en a	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following Accident, suicide, or homlolde? Dete of injury	
17. INFORMANT CHayes Tayer Tayer (Address) Brown Aller W. C.	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Michelleton m & Date July 31, 19.36	Nature of injury	
19. UNDERTAKER Glachill 60 (Address) Milliella town Ind	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED July . 31, 1936 . D. Traypon Source	(Signed) R. J. Haeney	M. D.

V. S. No. 1

ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory earlies of importance, name other important diseases or injuries. Examples:

Example I E I V E D		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1001	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

OING .	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	should be carefully supplied. AGE should be stated EXACTLY. PF	OF DEATH in plain terms, so that it may be properly classified. Exact
ARGIN RESERVED FOR BINDING	IS A PERM	stated EX	properly cla
ED	HIS	pe i	be 1
SERVI	NK-T	should	it may
N RE	DING 1	AGE	so that
ARGI	UNFAI	upplied.	terms,
	WITH	efully s	in plain
	ILYEY,	be care	EATH !
	PLA	hould	OF D

be may back

See instructions on

important.

very

LION

should

CAUSE

OCCUPA

pluods

IYSICIANS

statement

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Within the Corporate Minus Registration Dist. No. (If death occurred in a hospital or institution, givents NAME instead of street and number) Length of residence in city or town where death opcurred How long in U.S. if of foreign birth? Its, Veteran, specify WAR (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) (Year) 5a, If married, widowed, or divorced HUSBAND of 22. TIFY. Thetal ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) (7. AGE Yeers Months Devs If LESS then to heve occurred on the date 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Date of onset Trade, profession, or particular kind of work done, es SPINNER, Factorial SAWYER, BDDKKEEPER, etc..... NO Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.... 1D. Dete deceesed lest worked at 11. Total time (years) this occupation (month and spent in this C mean Frederick Frederick County occupation ____ Other Contributary Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) ___ (State or country) Where did injury occur?___ (Specify city of town, couoty and State)
Specify whether injury occurred in INDUSTRY, In(HOME, or In PUBLIC PLACE. 17, INFORMANT (Address) 18. BURIAL, CREMATION, QR REMOVAL Manner of injury Nature of injury. 24. Was diseese or injury In any way related to occupetion of deceesed? 19. UNDERTAKER If so, specify (Signed) Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage Stiff PAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH

STATE OF	MARYL	AND-	CERTIFICA	ATE	OF	DEATH
----------	-------	------	-----------	-----	----	-------

7388

County Frederick	Registration Dist. No. 140
Village or City Wordslurd	NoSt. Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME LLOCA Joshual C	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. HER-EBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Felr. 1, 1870	last saw have alive on July 1, 1946; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et 20 - m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Tulgrenderio 7 Spine 1990
work was done, es SILK MILL, Janes	Haral altan
10. Date deceased last worked at this occupation (month end) spent in this occupation cocupation.	26
12. BIRTHPLACE (city or town) (State er country)	Other Coutributory Causes of importance:
13. NAME Giden R. Waclifer	
13. NAME Glear & Wachier 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ann. Ida Waeller (Address) (V 600 slow)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of Injury
Place M. Clivet bud Date 7 1 9 1956	Nature of injury
19. UNDERTAKER Squall & followingh	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED Today (8 1936 & C Pourel	(Signed) Colared Dieler M.D.
Registrar.	(Address) Delong mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 9861 & 511V	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7389
1. PLACE OF DEATH	46-8
county Trederick	Registration Dist. No. 36
Village or City Near Fraderica Sun.	— M-
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Comma E. Walt	If U. S. Veteran, specify WAR
(a) Residence: No. Near Frederica Jane	St. Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Ternal White OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If marriad, widowed, or divorced	
HUSBAND of Great Track	22. HEREBY CERTIFY, That I attended dacased from
7 . (4	19 7 10 July 1 9 19 16
6. DATE OF BIRTH (month, day, end yaar)	I last saw he alive on 1926; deeth is said
7. AGE Yaers Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, ASWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	lacuma forser
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u> </u>
	J
The standard of the standard o	
Per 0 7 146	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Im acardius.
13. NAME N. T. SOURK 14. BIRTHPLACE (city or town) The Structure of the s	
14. BIRTHPLACE (city or town) Tredition	Name of operation
(Stata of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggic V. Lemb 16. BIRTHPLACE (city or town) Pearl	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cear	Accidant, suicida, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Dear	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick fred	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Plece Date Date 193	Nature of Injury
19. UNDERTAKER G. E. Glimet Ton	24. Was disease or injury in any way related to occupation of deceased? W
(Address) Frederick Hed.	If so, spacify
20. FILED Cel 65 1936 Al Off Suchsay	(Signed) EN Shows M.D.
Registrar.	(Address) Present MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combal homomhan AUG 5 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	<u> </u>		
Other contributory causes of importance:	- Xamue	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—I

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 7390
1. PLACE OF DEATH		(159)
County Tredence	(Registration Dist. No. 177
Village or City	west -	No. St., Ward
Length of residence in city or town where d	eath occurradyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME frame	teninfaul	+ Wastler
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTI		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorcad	2	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ul 1º1936	tast saw h alive on full 1986; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, a 128 UPm.
	1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	,	Oats of onset
A Nake, Polessing, in particular land with done, as SPINNER, SAWYER, BOOKKEEPER, etc		Mulline such
work was done, as SILK MILL, SAW MILL, BANK, etc.		5 Isan f
10. Data deceased last worked at this occupation (month and year)	II. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Thu (State or country)	mong-Med	Other Contributory Causes of importance:
	Varlen	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	vannor- Jold	Name of operation Date of
15. MAIOEN NAME	Im Trende	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	med	Accident, suicide, or homicide? Oate of Injury, 19 Where did injury occur?
17. INFORMANT Mula Was (Addrass)	the	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A A	Manner of Injury
Placa Jansmont	Date M. LAR , 19 36	Nature of injury
19. UNDERTAKER M. A. Hast (Address) Thurmond	ma fathers	24. Was disease or injury in any way related to occupation of deceasad?
20. FILEO July 1 1936 Am	son M. Janes	(Signed) M.D. (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 5 1936				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

See

AUSE

LION

18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER
(Address)

should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Frederick Registration Dist. No. No. Frederick City Hospitast, (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City_Frederick Length of residance In city or town where deeth occurred 48 yrs _______ds. How long in U.S. if of foreign birth? _______yrs. _______ds. If U. S. Veleran, specify WAR NONE 2. FULL NAME John Pleasant Williams (a) Residence: No. 226 Phebus Ave. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Colored Married Male 5a. If married, widowed, or divorced HUSBAND of CERTLEY, Jhat I attended deceased from (or) WIFE of Hattie Bowie 6. DATE OF BIRTH (month, day, and year) September 16, 1887 If LESS than 7. AGE Months Davs to have occurred on the data stated above. at ... 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. ware as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... Laborer 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc..... Date decaasad last workad at 11. Total tima (yaars) spent in this this occupation (month and occupation ____ 12. BIRTHPLACE (city or town) ____ Maryland (State or country) FATHER Henry Williams 13. NAME 14. BIRTHPLACE (city or town). Maryland (State or country) What test confirmed diagnosis?_ Was thara an autopsy? M.O MOTHER 15. MAIDEN NAME Hettie Frazier 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicida? 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Mrs. Hattie Williams

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

If so, spacify

(Signed).

Nature of Injury

(Address)

24. Wes disease or injury in any way related to occupation of decaased?

hebus Ave: Fred . Md

M.R.Etchison & Son

Place Laboring Sons Com. 7/15/36

Frederick.Md

7. S. No.

Ä,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows!	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA.

B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			24
/ County	Frederi	ck,		Registration Dist. No. 139
Village or 0	ity State Sidence In city or town where		ium, Md.	NDSt.,W If death occurred in a hospital or institution, give its NAME instead of street and number) is. 22ds. How long in U.S. If of foreign birth?yrsmos
				If U. S. Veteran, specify WAR
(a) Residen	ice: ND. 4420 1	(Usual place	of abode)	St., Ward.Baltimore Maryland. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Sing	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH July 10 ,193 6 (Year)
5a. If married, widow HUSBAND of	ed, or divorced			and the property of the state o
(or) WIFE of				22. I HEREBY CERTIFY. Thet lattended deceased to May 18 ,19 36, to July 10 ,193
& DATE OF RIPTH	(month, dey, and year)	Sept. 3	1883	Hest saw h. er alive on July 10 1936; death is
7. AGE Yes	ers Months	Days	If LESS than	to have occurred on the date stated above, et 8.30Pm, M.
52		7	ormin_	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
9. Industry or work was SAW Mil. 10. Date decease this occurry year)	ity or town)	35 11, Totel sp	time (years) ent in this upetion 14Y	Tuberculosis of cervical May and axilary glands. 193 Trs. Tuberculosis of peritoneum Other Contributory Causes of importance: Tuberculosis of skin. Pulmonary Tuberculosis.
14. BIRTHPLACI	E (city or town)			Neme of operation Date of
- (Stete of		elaware		What test confirmed diegnos Shest X-Ray Was there en autopsy? In
17. I NFORMANT	E (city or town)	lne Smit		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMA	TION OR REMOVAL			Manage of Indian
	ston, Talbo	t 60 Ur	nknown ₁₉	Manner of injury
19. UNDERTAKER (Address)		ger Mid Mid	Registrar.	24. Was disease or injury in eny way related to occupetion of deceased? NO If so, specify (Signed) Jane June (Address) Statt Sanaforum

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUC 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. Jo (If death occurred in a hospital or institution, gr ve its NAME instead of street and number) Length of residence in city or town where death occurred How long-in U.S. if of foreign birth? statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS REC 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced 22. CERTIFY Jhat I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at. I day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of enset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION RESERVED Industry or business in which may back should work was done, as SILK MILL II. Totaltime (years) spent in this 40 this occupation (month and instructions year) _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation____ plain (State or country) carefully What test confirmed diagnosis? __. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: E, Accident, suicide, or homicide?______ Date of injury______19. DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?__ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Frederick	Registration Dist. No. 140
Village or City Handshord	NoSt.,Ward
Length of residence in city of town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
le V	If U.S. Veteran specify WAR.
2. FULL NAME / ENDO	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or givorced	(/ 7
HUSBAND of Of Or Wife of Hand	22. I HEREBY CERTIFY, Thet I ettended decessed from
@ / 2 16.	(8 1936; deeth is said
7. AGE Yaars Months Days If LESS	1-18
77 11 11 1day,	hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	in. were as follows: Date of onset Gland
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	(Irlenoselerosis 1925-
kind of work done, as SPINNER SAWYER, BOOKKEFPER, etc. 9. Industry or businass in which work wes done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupetion (month end / (2)) 11. Total time (years) spent in this	07
this occupetion (month end / 430 spent in this year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	10.20
(State or country) Maryland	- arrebral applicate 1730
13. NAME Folia Stouch	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
I Company	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country) Marshared	Where did injury occur?
17. INFORMANTING TY, C. Hinebren	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Handstone Ind	Manner of injury
	19.3. 6 Natura of injury
18 00 of 100°	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER South	If so, specify
10,10 1 9 6 10	e (Signed) C. a. Stult
20. FILED July 17, 1936 & Control Regi	star. (Address) Woodsbibre Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
M 1 1000	Other contributory causes of importance:	
May 1,1925	Gastroenterurs	1 year
	1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: